

# **RW CAREWare**

**Version 3.5**

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## **Software Manual for CARE Act Grantees and Providers**

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**(With CARE Act Data Report)**

**November 2003**



# RW CAREWare Version 3.5 User's Manual

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\*New features marked with asterisk

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Applicable OMB Nos. :

0915-0245	Exp. 07/31/03
0915-0158	Exp. 12/31/03
0915-0206	Exp. 12/31/03
0915-0253	Exp. 08/31/04

## **New Features of Version 3.5**

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<b>Feature</b>	<b>Location</b>
1. Updated selection criteria for Medical Section 5 and Title III tables of the CARE Act Data Report. Now to include only clients who are HIV-positive and who have at least one outpatient, primary care visit during the reporting period.	CADR
2. Added the following CERF Modules to the Custom Reports: Vital signs, Medications, Labs, Screening Labs, Screenings, Immunizations and Diagnoses.	See CERF Manual and page 58
3. Added a quick Relations report	See page 69
4. Added a Medications and Diagnoses report function to print lists of clients on specific regimens or with specific medical diagnoses within a selected date range	See CERF Manual
5. IHI Key Measures Report now active	Page 18 and 67
6. Added ability to create different user groups with varying access to CAREWare. New Groups include: Read only (no editing rights), Lab Only; Service Group; and Pharmacy	Page 21
7. Custom medication name feature added to CERF	See CERF Manual
8. Added a text field to Medications CERF to note Allergies. Field is printed on client Encounter report	See CERF Manual
9. Ability to exclude HIV-negative clients from clinical encounter reports.	See CERF Manual
10. Added button to Service screen that allows data entry personnel to jump quickly to next blank record	Page 31
11. Removed original CD4/Viral load screen. User will be prompted upon upgrade if they would like any values found in that table to be transferred to Labs module of the CERF	Page 34
12. Changed the Enrollment Status category "Service completed/Case Closed" to "Inactive/Case Closed." Clients who are inactive will not need to enter a "Date Case Closed."	(Service screen)
13. Poverty Levels can be calculated and "refreshed" for clients with non-missing data for household size and income	See page 73

## Technical Assistance/Help

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Yes, there's free *RW CAREWare* technical assistance! A toll-free helpline is available Monday through Friday from 1-4 p.m. Eastern Standard Time.

The tollfree helpline is: 1-877-CWHELP1 or 1-877-294-3571

A dedicated *RW CAREWare* email address is also ready for your questions at:  
[cwhelp@jprog.com](mailto:cwhelp@jprog.com)

For updated information on *RW CAREWare*, visit the *RW CAREWare* website at:

Our website is the place to go for all your *CAREWare* needs:  
**<http://hab.hrsa.gov/careware>**

Look for the Visual Support modules link on the top right and the link to join the *CAREWare* Listserv.

## Installation

---

*RW CAREWare* runs in MS-Access 2000®. However, it is not necessary to own any version of Access if you load the runtime version of *CAREWare*. Before uploading any new version, we strongly urge you to back up your main *CAREWare* database. The file is named 'H\_S\_data.mdb' and for previous versions of *CAREWare* is typically located in the folder 'c:\Program Files\H\_S\_code'.

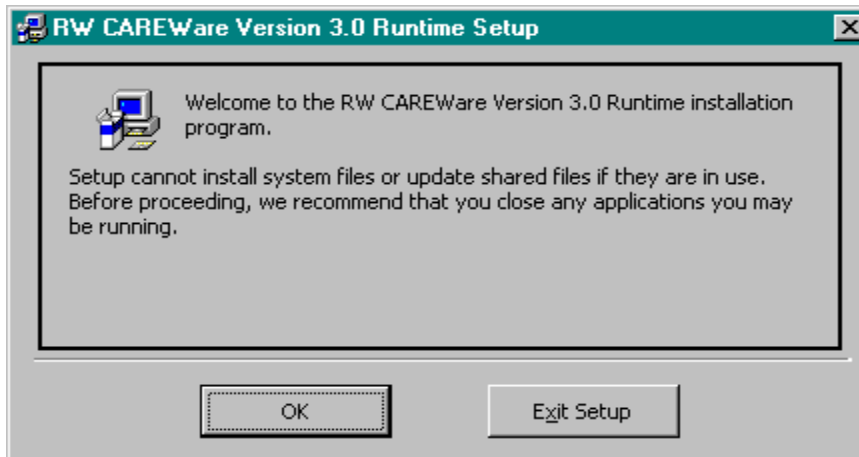
### LAN Setups:

Agencies that run *RW CAREWare* under a Local Area Network (LAN) MUST RE-ATTACH to their database after upgrading to the new version. If not, it will appear as though your data are missing!

## Step by Step Instructions: If Loading with a CD

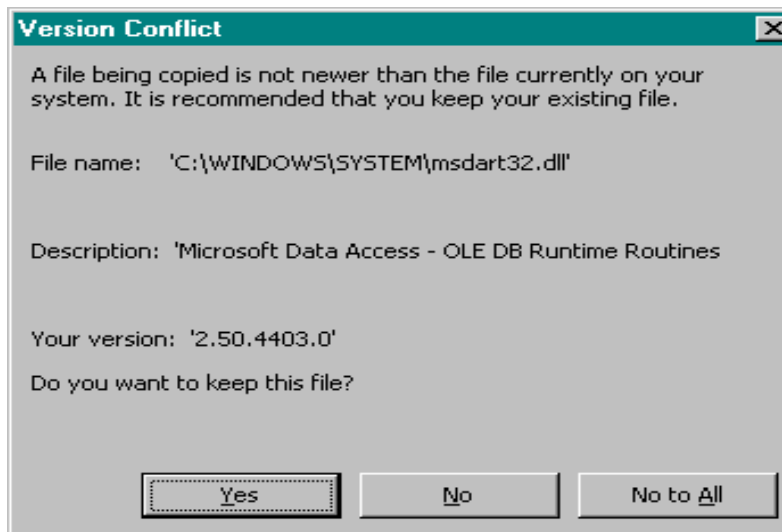
1. Place your *CAREWare* CD in the CD-drive. The CD should boot up automatically and begin the installation process. If it doesn't, you'll need to view the files on the CD using your Windows Explorer and double click the file named 'setup.exe'. That should get you on your way.
2. When the screen in Figure A appears, click OK to continue; you will now need to tell your system where to load *CAREWare*. We recommend that you simply let it install in the default directory 'C:\Program Files\H\_S\_Code'. Click the computer icon to proceed. If you wish to install *CAREWare* in another folder, click the 'Change Directory' prompt and enter the new location.

**Figure A.**



3. **IMPORTANT:** If the screen in **Figure B** appears—and it may do so multiple times, or none at all—**click Yes each time**, indicating that you want to keep the specific file on your computer that is newer than the version CAREWare is trying to install. (Unfortunately, Microsoft does not provide a button that says “Yes to All.”)

**Figure B.**



#### 4. Setup Errors or Warnings in Windows XP or any version of Windows

The runtime version of CAREWare (downloadable from the website) *should* run under Windows XP (and with any recent version of MS Access). However, if you receive any warnings during CAREWare installation and setup, do NOT ignore them. Write down the nature of the warning and cancel out of the installation process. You should contact the helpline via phone or email for assistance.

5. Once CAREWare has installed, you'll need to boot it up: First click your Windows Start button, then Programs, and then find 'RW CAREWare' and click 'Run RW CAREWare.'

6. Please Note that if you receive any installation errors or version conflicts, it is likely that you need to go to the Microsoft website and install the latest Service Pack. These fixes are provided for free by Microsoft. To do this, Click your Start button, then the Windows Update link. The link will automatically check for the latest upgrades required by your system. This upgrade may take a little while to install.

**\*\*The public CAREWare Logon name is cw\_temp and the password is temp\_cw.**

If you do not have MS Access 2000®, but an older or more recent version, you will need to install the runtime version of CAREWare and make sure that the target to open up the application is correct. (The target is the path that tells CAREWare where to go to boot up and where to find the system.mdw file.) Contact the heldesk if you have any questions about this.

#### **Internet Download:**

If you download CAREWare directly from the website, follow the instructions outlined there for installation. If you have any version 3.x of CAREWare, simply download the latest upgrade file from the website. This is a small file and should download relatively quickly even on dial-up modems.

- Now you're ready to begin the important process of telling CAREWare what directory or folder it can find and store its data.

When you run version CAREWare for the first time, the important screen in Figure B will appear. On this screen you must indicate where CAREWare will find and/or keep your data.

### 1. First time ever users of RW CAREWare:

- A. Click Yes, We need to install new data files.
- B. If you installed CAREWare in the recommended default folder 'C:\Program Files\H\_S\_Code' we recommend that you also keep your data in that spot.
- C. If you wish to keep your data in another location, you'll need to specify that different folder in the space provided.
- D. When you're done, click 'Continue' at the bottom of the screen

**Figure B.**

*First time ever CAREWare users should click YES here. The recommended location for data files is as it appears here, although this can be altered. Click Continue at the bottom left to apply this setting.*

*Sites that are NOT first time users and have an existing CAREWare dataset should click NO in answer to this question. Specify the data location in the space provided and hit Continue when done. See below.*

**Data File Location**

**Welcome to RW CAREWare Version 3.0!**

Before you can use this application, you need to answer the following question:

Is your agency installing RW CAREWare for the first time?

☒ Yes. We need to install a new data file (H\_S\_Data.mdb).

Please specify a location for the new data file:

☐ No. We have an existing data file that we want to continue to use.

Please specify the location of the existing data file:

### 2. Users of Any Previous Version of CAREWare who have an Existing Data file

Click No, indicating that "we have existing data files that we want to continue to use." Click the ellipsis to the right and browse to the correct location of your CAREWare database (H\_S\_data.mdb). Click Continue and CAREWare will attach to your data.



## Running RW CAREWare and Logging In

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### To Run RW CAREWare

- Click the Windows® *Start* icon, and then *Programs*.
- Search for *RW CAREWare*. Programs are usually listed alphabetically.
- Click *Run RW CAREWare*.

### Desktop Setup Suggestion

You can simplify starting up *RW CAREWare* by creating an Icon for the software on your Windows® desktop. Simply right click and hold down your mouse to drag the line “Run *RW CAREWare*” in the Program list to the desktop. You will be able to run *RW CAREWare* by double-clicking the icon that was created.

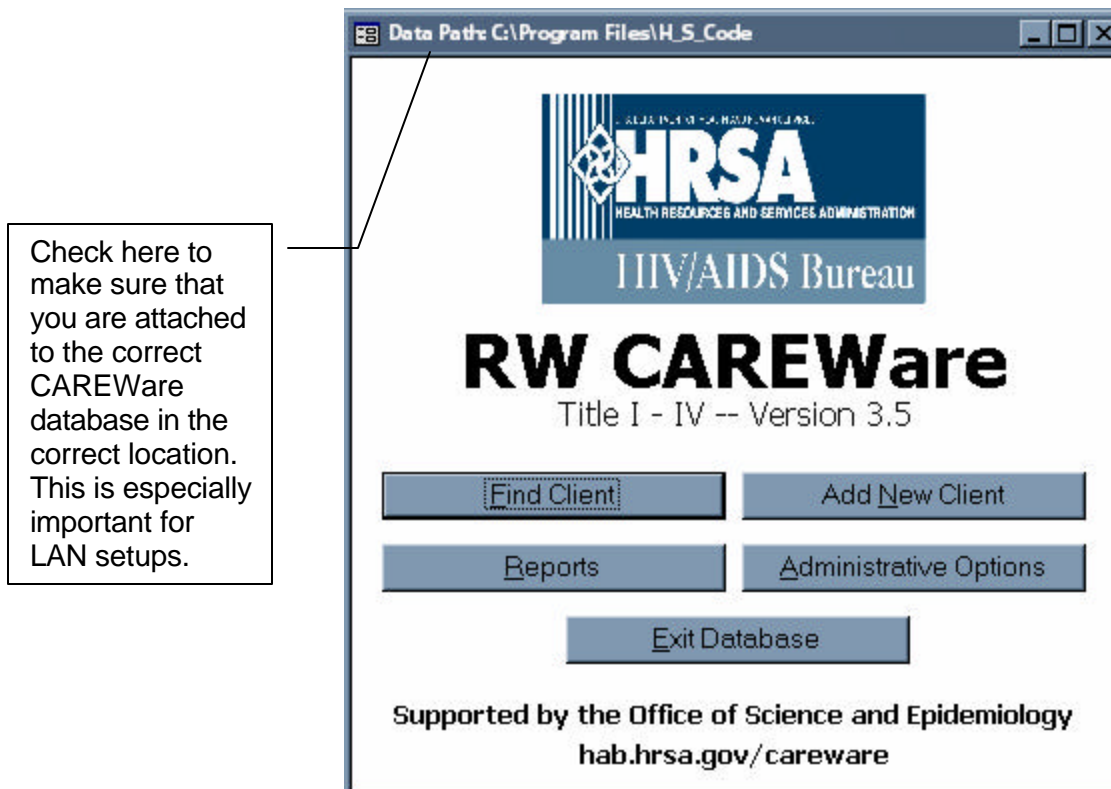
### Initial Login User Name and Password

- **At the initial Login, the required User Name is *cw\_temp* and the password is *temp\_cw*. The password must be typed in lower case!**
- Important Note: “*cw\_temp*” is a published account. Therefore, it is very important that you run the *User Manager* module in *CAREWare* prior to entering client information in order to establish a new account with your own user name and password. When this done, you can then delete the ‘*cw\_temp*’ user account. See the *User Manager* section for details.
- **Starting in Version 3.5, new user groups have been added, including:** Read Only (no editing rights); Lab group; Pharmacy Group and Service group.

## Main Menu

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Figure 2.



## Provider/Grantee Setup Wizard

---

1. Indicate all the CARE Act title programs from which you receive funding and will be collecting client level data.

**Figure 2.1**

The screenshot shows a window titled "Provider/Grantee Set Up Wizard" with a blue header bar. Below the header, the title "Provider/Grantee Set Up Wizard:" is displayed in a large, red, underlined font. A text box contains the instruction: "Please indicate the CARE act program(s) for which you will be collecting client-level information." Below this text box is a list of six items, each with a checkbox:

- ☒ Title I
- ☐ Title II
- ☒ Title III
- ☒ Title IV
- ☒ AIDS Pharmaceutical Assistance (APA) Annual Administrative Report
- ☒ Health Insurance Program (HIP) Annual Administrative Report

At the bottom of the window are three buttons: "Cancel", "<< Previous", and "Next >>".

## Establishing Services, Subservices, and Funding

The screen in **Figure 2.2a** is displayed if you selected any of the Title programs in screen 2.1 above. From here you can:

- 1) Select the **main** CARE Act eligible service(s) you provide. **There are two pages of services.**
- 2) Create **subservices** within each Service category for which you would like to maintain visit and cost information.
- 3) Import/Export for Providers the Services/subservices and Funding information established.

**IMPORTANT:**

For each service checked, click the three-dot ellipsis to activate the 'Subservices and Funding' feature. For the specific service you have selected, the screen in Figure 2.3 will appear. TO MAKE A SERVICE ACTIVE, YOU MUST ESTABLISH A FUNDING SOURCE (EVEN IF IT'S UNSPECIFIED) FOR EACH SERVICE YOU PROVIDE. See page 13 and following.

Figure 2.2a

Note that the service you are looking for may be on Page 2.

**YOU must click the Subservices tab to activate each service.**

**Provider/Grantee Set Up Wizard**

Please check all services provided at this agency and define subservices and funding as necessary.

Page 1 Page 2

Import/Export Sub Services

Service Provided	Subservices	Service Provided	Subservices
<input checked="" type="checkbox"/> Ambulatory/Outpatient Medical Care	...	<input checked="" type="checkbox"/> HIV Treatment Adherence	...
<input checked="" type="checkbox"/> Oral Health Care	...	<input checked="" type="checkbox"/> Home Health: Professional Care	...
<input checked="" type="checkbox"/> Mental Health Treatment/Therapy or Counseling	...	<input type="checkbox"/> Home Health: Para-professional Care	...
<input checked="" type="checkbox"/> Substance Abuse Outpatient	...	<input type="checkbox"/> Home Health: Specialized Care	...
<input type="checkbox"/> Substance Abuse Residential	...	<input type="checkbox"/> Nutritional Services	...
<input checked="" type="checkbox"/> Face-to-face Case Management	...	<input checked="" type="checkbox"/> Rehabilitation Services	...
<input checked="" type="checkbox"/> Non-face-to-face Case Management	...	<input type="checkbox"/> Residential or In-home hospice Care	...

Cancel << Previous Next >>

Figure 2.2b

**Provider/Grantee Set Up Wizard**

Please check all services provided at this agency and define subservices and funding as necessary.

Page 1 Page 2

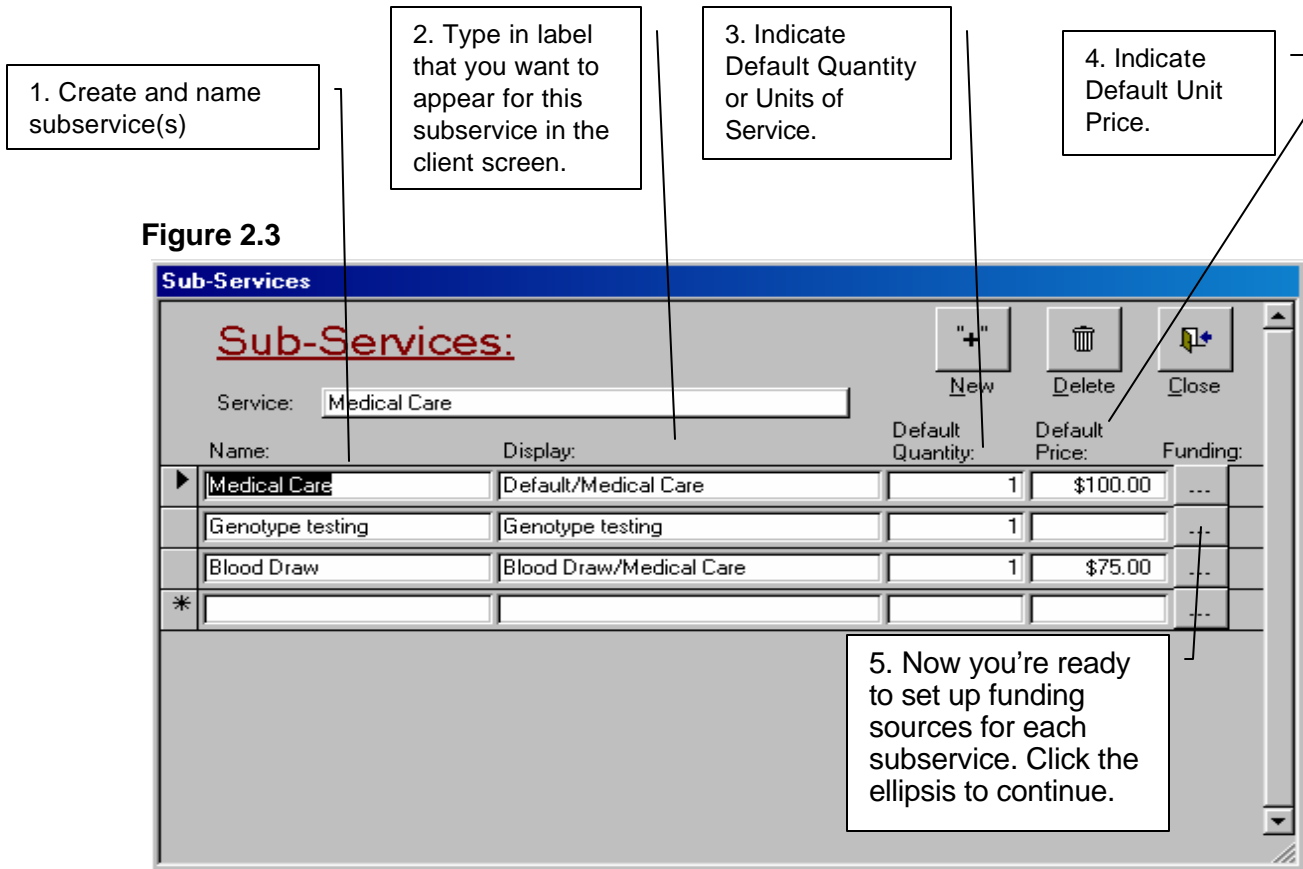
Service Provided	Subservices	Service Provided	Subservices
<input checked="" type="checkbox"/> Adult Day or Respite Care	...	<input checked="" type="checkbox"/> Housing Services	...
<input checked="" type="checkbox"/> Buddy/Companion Service	...	<input checked="" type="checkbox"/> Legal Services	...
<input checked="" type="checkbox"/> Child Care Services	...	<input checked="" type="checkbox"/> Non-mental health counseling	...
<input checked="" type="checkbox"/> Child Welfare Services	...	<input type="checkbox"/> Permanency Planning	...
<input checked="" type="checkbox"/> Client Advocacy	...	<input type="checkbox"/> Psychosocial Support	...
<input checked="" type="checkbox"/> Developmental Assessment/Services	...	<input checked="" type="checkbox"/> Referral: Health Care/Supportive	...
<input checked="" type="checkbox"/> Early Intervention	...	<input checked="" type="checkbox"/> Referral: Clinical Research	...
<input checked="" type="checkbox"/> Emergency Financial Assistance	...	<input type="checkbox"/> Service Outreach	...
<input checked="" type="checkbox"/> Food Bank/Home-delivered Meals	...	<input checked="" type="checkbox"/> Transportation Services	...
<input type="checkbox"/> Health ed./risk reduction/prevention	...	<input type="checkbox"/> Other Support Services	...

Cancel << Previous Next >>

Import/Export Sub Services

## Creating Subservices

Five easy steps:



On the screen in Figure 2.3 you can create **subservices** for any main service category (in the example here it's Medical Care); doing so will allow your agency to keep detailed service and unit cost history. In the example, we have created two separate subservices for medical care: Genotype Testing and Blood Draw.

- Again, once you've established your subservices and set unit costs (not necessary to proceed), you must click the 'Funding' ellipsis on the far right to activate this service; the screen in Figure 2.4 will appear.

## Defining Funding Percentages by Service/Subservice

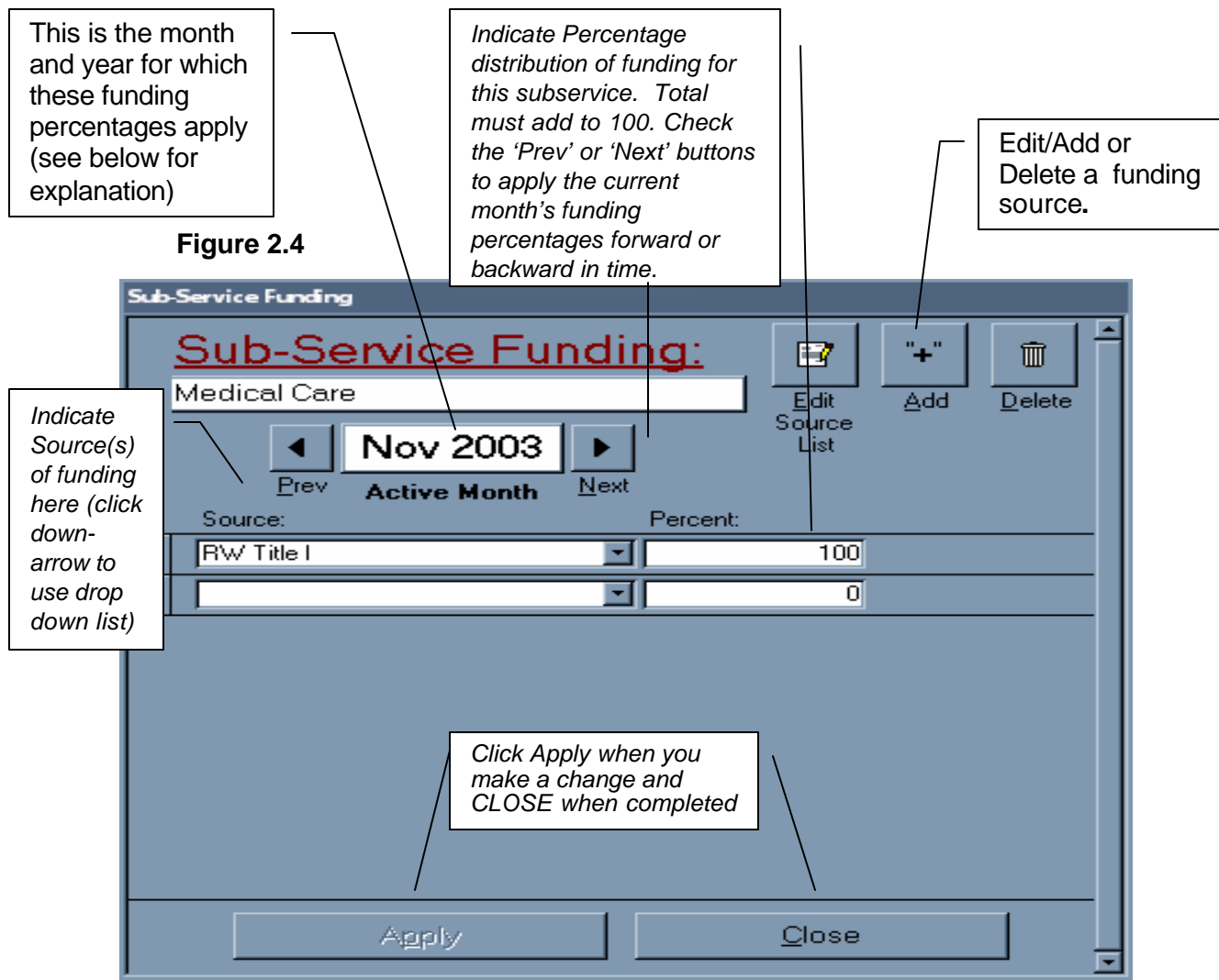


Figure 2.4

## Exporting Service, Subservice and Funding Information to Providers

### Suggestion to Grantees

We recommend that you establish the same subservices (and therefore the same coding) across all similar providers (e.g. case managers). This will ensure a consistent and standardized database in your service area.

Follow these steps:

1. Set up the services, subservices (if necessary) and Funding percentages (see below)
2. Click "Administrative Options"
3. Click "Import/Export Sub services"
4. A file named "**SS\_exp.mdb**" is created which contains all the appropriate settings for your providers. This file can be readily imported by the provider.

## Changing Funding Source Percentages by Month and Making Services Active or Inactive

---

1. **On first view, the funding source list will default to 100% 'Unspecified.'**  
Remember, to make a service "active" and available in the client service screen, you must apply funding information for that service for each month it is funded. *At a minimum you can apply the default value of 100% unspecified funding.* However, you will likely want to change this.
2. **Click on "Edit source list" to change pull-down funding source list.** For example, say you wanted to add an additional funding source such as a private foundation or city government. In the blank space that appears on the bottom, type in the new funding source (here we've add State of Michigan).

The screenshot shows a window titled "Source List" with a close button in the top right. Below the title bar, there are three buttons: a "+" button labeled "New", a trash can icon labeled "Delete", and a button with a right-pointing arrow labeled "Close". Below these buttons is a table with two columns: "Source:" and "RW Funded?". The table contains the following rows:

Source:	RW Funded?
Unspecified	<input type="checkbox"/>
Not Currently Funded	<input type="checkbox"/>
RW Title I	<input checked="" type="checkbox"/>
RW Title II	<input checked="" type="checkbox"/>
RW Title III	<input checked="" type="checkbox"/>
RW Title IV	<input checked="" type="checkbox"/>
State of Michigan	<input type="checkbox"/>

3. **Type in appropriate funding percentages.** In the example in Figure 2.4, primary medical care for this agency is funded 100 percent by Title I. Any and all funding—CARE Act and non-CARE Act—can be entered in this list. Click "Apply" when done. The percentages must add up to 100 or you will receive an error.
4. In Figure 2.4, the funding percentages shown apply to June 2000. If you wish to apply these same percentages forward in time (up to 18 months), simply click the 'Next' arrow to the right of the current month.
5. If you want to enter service data for a month prior to the current month, you must do the following to make that specific service ACTIVE for that month:
  - a. Click the 'Prev' arrow in the Subservices Funding Screen (Figure 2.4). The button is to the left of the current month.
  - b. Set the appropriate funding percentages for that month

WARNING:



- ***If you do not follow these steps then the service will be set to inactive for the month you wish to enter client service information.***
- ***Remember: Administrators can always return to the Setup Wizard to activate or change funding for a service or subservice.***

6. Funding percentages can change whenever required, for example when new service contracts are signed or funding for a given service terminates in a new fiscal year.

Establishing funding percentages within a given month will make that service “active”; clicking “not currently funded” will make that service “inactive” for the given month(s). When you enter service visit data for a client, the services/subservices setup by your agency will be listed as active or inactive for the month of that visit. By definition, inactive services cannot be applied for that month.

## ***Clinical Review Tabs and Relations/Dependents***

---

The Setup Wizard screen shown in Figure 2.6 is where you can activate the tabs to collect the following information

1. **Clinical information** such as HIV exposure risk, HIV/AIDS status, CD4 count and viral load.
2. **STI/Hepatitis:** Sexually Transmitted Infection and Hepatitis screening and treatment
3. **Pregnancy History** : Prenatal care, antiretroviral therapy to reduce vertical transmission
4. **HIV Counseling and Testing:** Pretest, HIV Test, Post test and partner notification information
5. **Relations:** Primarily for Title IV agencies, this feature allows the user to link an “index” client to one or more dependents also receiving care.

**Figure 2.5**

**Provider/Grantee Set Up Wizard**

Provider/Grantee Set Up Wizard:

Indicate if you have access to medical/clinical records and will be recording this information in the database.

☒ Yes  
☐ No

☒ Show STI Tab  
☒ Show Pregnancy History Tab  
☒ Show Counseling and Testing Tab  
☒ Show Relations Tab

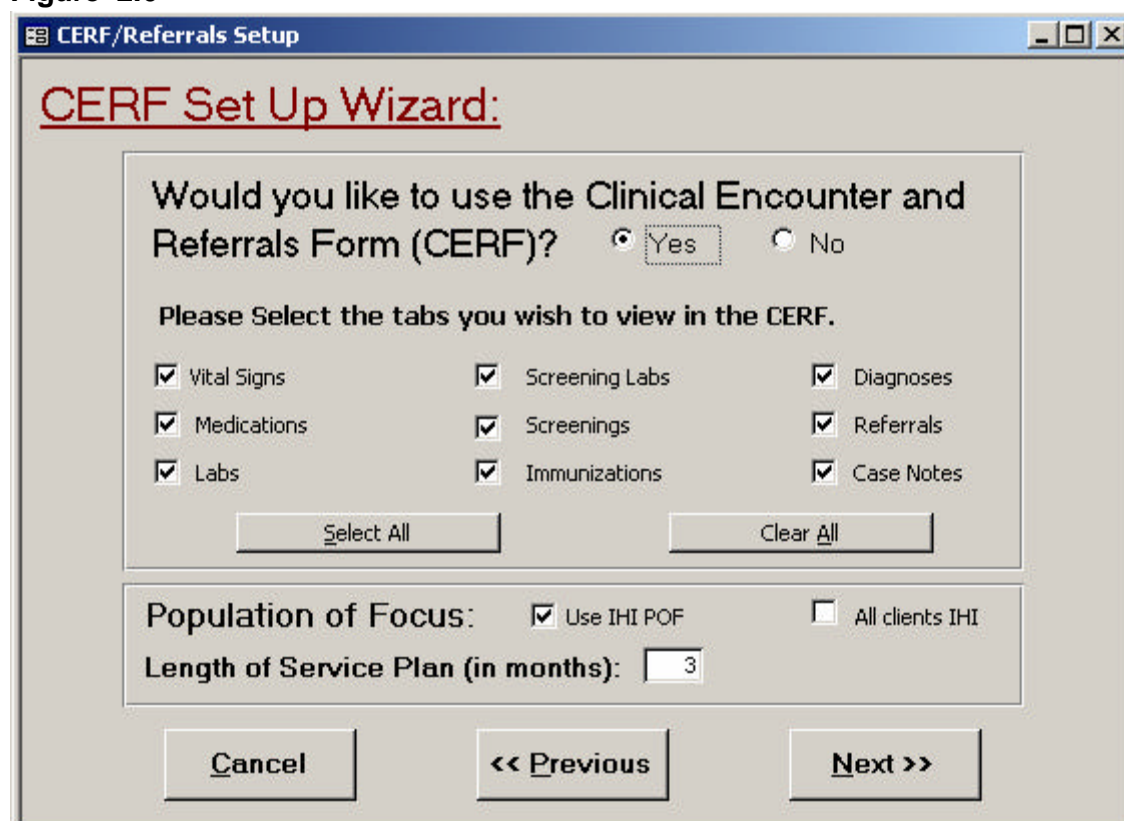
**Cancel**      **<< Previous**      **Next >>**

- NOTE: By checking No to the top statement, the quarterly and annual tabs in the Clinical Review Section will not appear.
- Agencies may turn these features on or off as needed, depending on what services they provide and what client level data they collect.

## Electing to use the Clinical Encounter and Referral Form

- Indicate in the top half of this screen whether or not you want to use the CERF module. This feature may not be necessary for all provider types. Consult the CERF manual and contact HAB if you have any questions how to proceed.
- *Note that if you elect to use the CERF then certain clinical fields can be entered only through the CERF, not through the Clinical Review Tab.*
- In the bottom half you can turn on or off any of the CERF tabs.
- If, in the previous screen (Figure 2.5), you indicated that you do NOT have access to medical records and will not be entering this information into CAREWare, then the following CERF screen will not appear.
- The Case Notes and Referrals modules can be accessed independently from the CERF and do not require this feature to be turned on.

Figure 2.6



**CERF/Referrals Setup**

CERF Set Up Wizard:

Would you like to use the Clinical Encounter and Referrals Form (CERF)? ☒ Yes ☐ No

Please Select the tabs you wish to view in the CERF.

<input checked="" type="checkbox"/> Vital Signs	<input checked="" type="checkbox"/> Screening Labs	<input checked="" type="checkbox"/> Diagnoses
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Screenings	<input checked="" type="checkbox"/> Referrals
<input checked="" type="checkbox"/> Labs	<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> Case Notes

Select All Clear All

Population of Focus: ☒ Use IHI POF ☐ All clients IHI

Length of Service Plan (in months):

Cancel << Previous Next >>

**New in Version 3.5:** Any provider, including those in the IHI collaborative, may use this feature.

1. If you want to establish your Population of Focus (POF), click on the first box "Use IHI POF." The POF simply refers to the specific individuals you want to include in the IHI Key Measures Report.

- If you want ALL active clients in your agency's database to be included in the POF, click on the next box labeled "All Clients IHI." This is the most likely selection for providers not involved in the IHI quality of care program.
  - If you are going to select the clients in your POF on a case-by-case basis, do *not* select "All Clients IHI." This will be done within each client's demographic screen (see below).
2. Set the length of time that a service plan is to be considered up-to-date.
- This period of time is up to you, and will likely differ from provider to provider. The primary *Case Management* Key Measure determines if the client's service plan is up-to-date. Providers may select whatever duration of time (in months). CAREWare will use this figure to determine if a client's service plan is up to date.
  - For example, say you set the Length of Service plan to 3 months (as in Fig. 2.6) and for client Jane Doe, her service plan was last updated on March 1, 2003. Her service plan will counted as **up to date** for 3 months after March 1, or until June 1, 2003, but **not** up to date for anytime a Key Report is run after June 1, 2003 (unless, of course, the Service plan date is updated!)
  - See page 67 for an example of the Key Measures Report.

## Agency Identification

Enter *all* the Grantee identification numbers that apply to your agency. Note that the only Grantee ID boxes that will be activated here are those that you identified in the beginning of the Setup Wizard (Figure 2.1).

**Title III and IV Grantees:** Ids for Title III and IV Grantees are those agencies' grant application numbers.

**Figure 2.7**

Enter Title III & IV Grantee Ids in these boxes.

**Agency and Contact Information**

**Titles I-IV** | **ADAP/APA** | **HIP**

**Provider:**

Name:  Street Address:  City:  State:  ZIP Code:

**IDs:**

Title I:  Title II:  Title III:  Title IV:  Taxpayer ID:  Grantee ID I:  Grantee ID II:

1313  HA129000012-  54343453543-54  6777

Agency Type:  Reporting Scope:  # of Sites:  Main Prv Zip:  Provider Type:  Ownership Status:

**Contact:**

Contact Name:  Title:  Phone:  Fax:  Email:

**Do members of minority racial/ethnic groups constitute a majority of:**

Board Members?  Minority Staff?

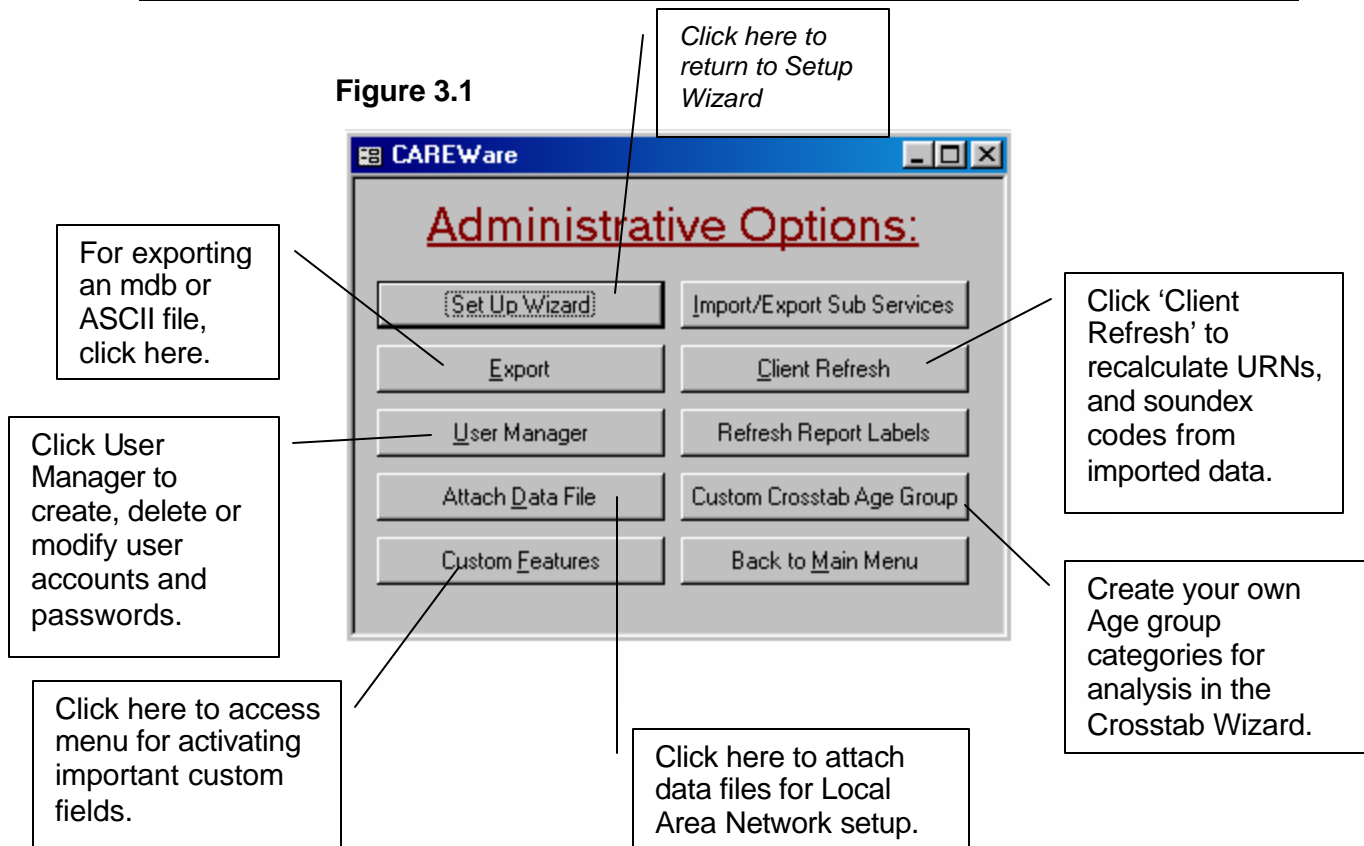
Total Paid HIV Staff in FTEs:  Total Volunteer HIV Staff in FTEs:

0 0

**Cancel** **<< Previous** **Next >>**

## Administrative Options

Figure 3.1



## New User Ids and Passwords

### User Manager-Creating a Personal Account and Password

Before you enter data, it is important for database security to create a personal account and password to serve as the master account. ***It is equally important to remove the cw\_temp account*** which has its password published in the manual. To do this, click on the 'User Manager' button found on the Administrative Options screen.

**Important Note: Only members of the administrative users group will be able to open the administrative options screen and perform a number of functions.**

**Starting in Version 3.5**, we've added the following user groups to the original Administrator and Data entry users:

**Read Only:** Users assigned to this group can only view data; they can't edit or change any records.

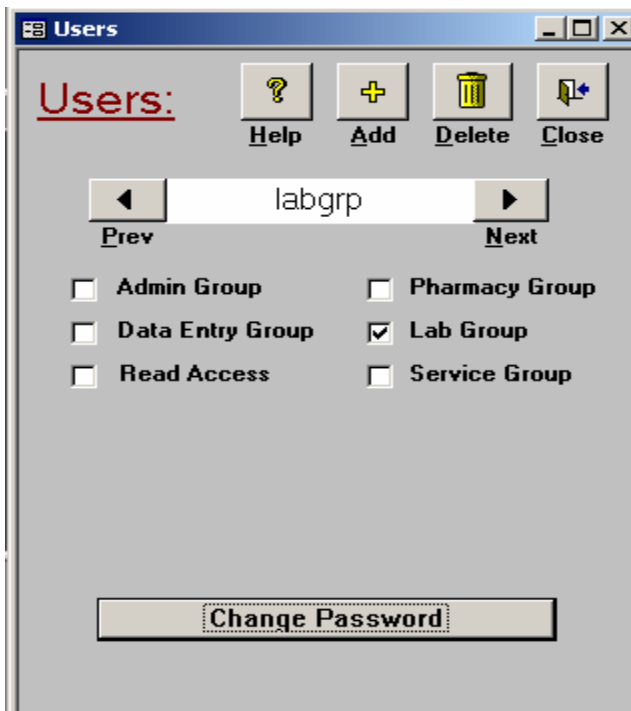
**Lab Group:** Lab group users can only enter and edit Lab data.

**Pharmacy Group:** Users assigned here will be able to use the "Drug Services" tab only.

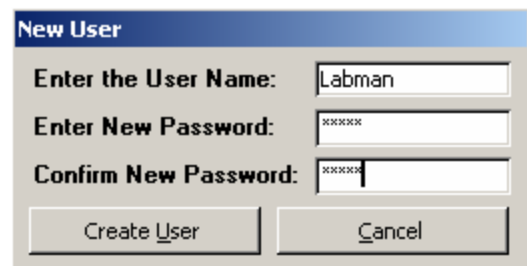
**Service Group:** Users assigned here can enter demographics and service information only.

- Click on the “Add” button (the Plus sign in Figure 3.2a) to create a new account.
- A “New User” dialog box (Figure 3.2b) will appear. Enter the new user’s name and password; re-enter password to confirm.
- 

**Figure 3.2a**



**Figure 3.2b**



- Click “Create User” to finish.
- The screen in 3.2a will appear again, asking you to assign your new user to a specific group.

## Advanced Network Data Attachment

This function enables network administrators or other knowledgeable personnel to set up CAREWare on a Local Area Network or LAN.

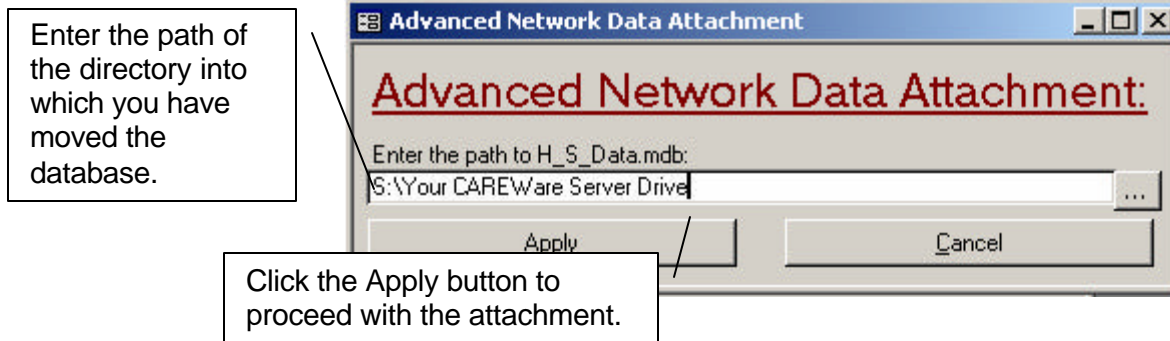
- Agencies may want one CAREWare data set accessible by multiple computers across a LAN. Microsoft recommends NO MORE than five simultaneous users!
- Some users may wish to run two copies of this software on one computer, for example, when one office handles data for two separate providers.

If you are not sure that you want either of these setups, contact a technician on your staff or call the CAREWare help desk before proceeding.

**WARNING:** We recommend that you backup your main CAREWare database ('H\_S\_data.mdb') before proceeding.

- The main CAREWare software file is H\_S\_Code.mde and the CAREWare database is named H\_S\_Data.mdb. By default these are stored in the folder 'c:\Program files\H\_S\_code.
- When you setup CAREWare to run on a LAN, the software should be installed on each individual PC but the database, H\_S\_Data.mdb, must be *moved* (NOT copied) to the shared or network drive. Therefore, before attaching to the database,
  - 1) Move--don't copy--H\_S\_Data.mdb to the shared drive. You don't want multiple copies of the database residing on multiple PCs—only one database sitting on the server!
  - 2) Next, use the Advanced Network data attachment function to reattach to these files. If this directory is on another computer, be sure that your PC has a drive mapped to that computer or directory.
  - 3) Enter the location and name of the shared network drive into which you will storing the main CAREWare database H\_S\_Data.mdb (see figure below). Click Apply when done. In the bottom left hand corner of your PC you will see the name of each file as your PC attaches to it on the shared drive.

When you return to the Main Menu of CAREWare, you should see exactly where your database resides: **See Main Menu Figure 2 above**. Users should check this database location each time they logon to make sure they are using the correct database!





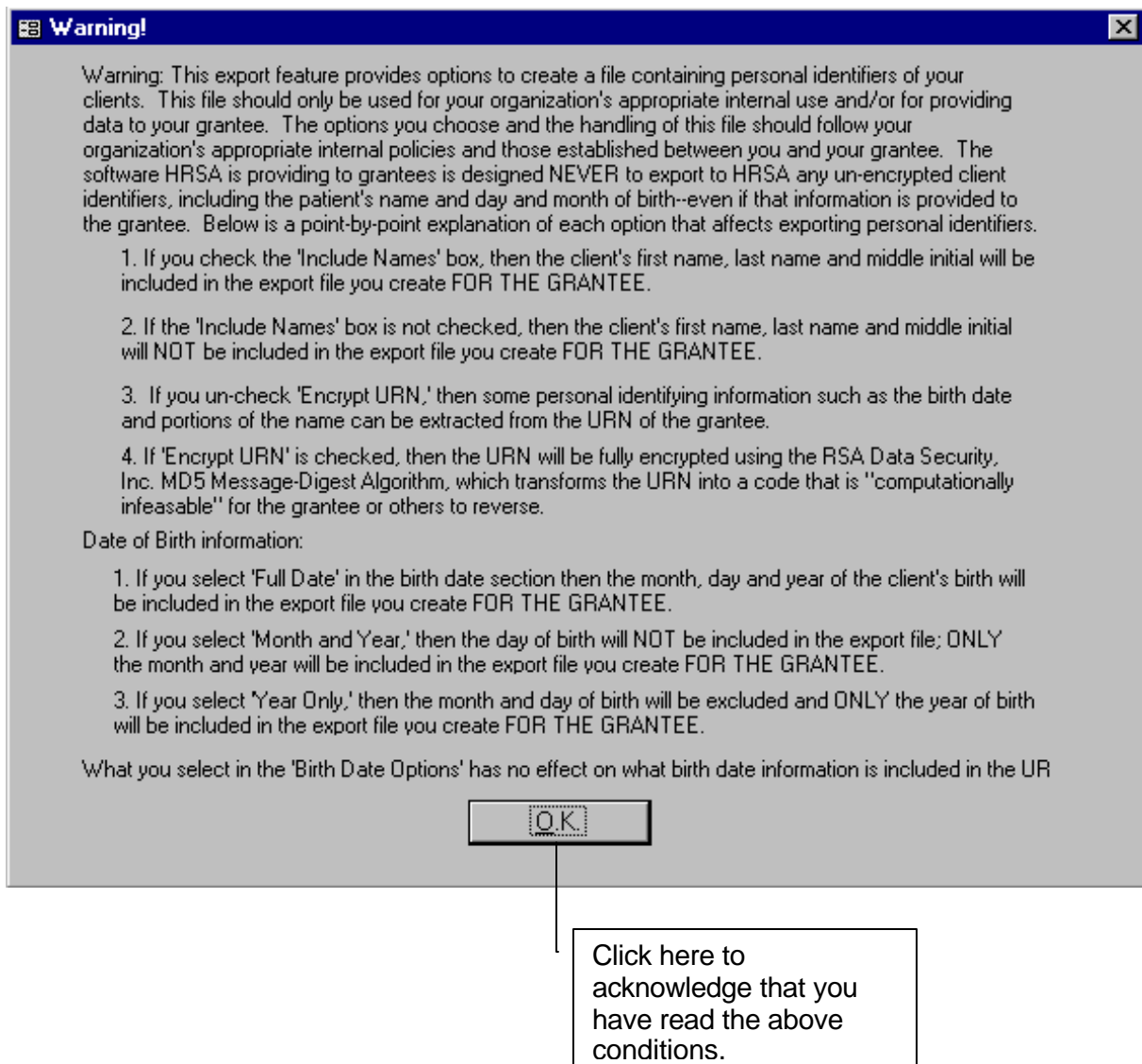
## Exports

---

### Excluding or Including personal identifiers in Exports

This screen describes how sensitive information is handled in the export process. Please read this warning to be clear how you and your grantee will handle or share client-identifying information. After reading, click the 'OK' button to open the export screen.

**Figure 3.3**



## Export Screen

The screen shown in Figure 3.4 appears after the 'Export' button on the Main Menu has been clicked and the personal identifier warning screen has been read. From this screen, you can create routine and year-end exports for your grantee.

**Figure 3.4**

The screenshot shows the 'Create Export' dialog box with the following fields and options:

- Template FROM Path:** C:\Program Files\H\_S\_Code\
- Export TO Path:** C:\Program Files\H\_S\_Code\
- Reporting Year:** [Dropdown menu]
- Date Span:** [Start Date] TO [End Date]
- Birth Date Options:**
  - ☐ Full Date
  - ☐ Month and Year
  - ☒ Year Only
- Export Options:**
  - ☐ Final Year-end Export
  - ☒ Routine Export
- ☐ Include Names ☒ Encrypt URN ☒ Secure .mdb
- Export Scope:**
  - ☐ All clients receiving any eligible service
  - ☐ Ryan White Funded Services Only
  - ☒ RW Funded clients receiving RW funded services
- ☐ Export a Single Funding Source: [Dropdown menu]
- Buttons:** Export .mdb File, Export Tab-Delimited File
- Warning and Close buttons:** Warning (with exclamation mark icon), Close (with X icon)

Callouts in the image:

- Warning:** Click here to redisplay the warning.
- Close:** Click here to return to the Main Menu.
- Template FROM Path:** Unless you used the advanced network data attachment, this is the directory where the CAREWare database is stored.
- Export TO Path:** This is the directory in which the newly created export database will be written. You can change this as needed.
- Important:** You may need to use the scroll bar to view the bottom portion of this screen containing the funding source export option and the export buttons.

## Export Scope

The scope of the export-- who exactly is included in the export-- can be restricted by a number of criteria:

- Reporting Year or specific Date Span within or across years
- **All Clients receiving any eligible service:** The widest scope. Includes ALL clients receiving at least one service visit in the specified date range (or year) for any CARE Act **eligible** service. If your agency does not use the funding module

in CAREWare, this reporting scope will likely be your default choice.

- **Ryan White Funded Services:** Include ALL clients with at least one service visit in the date range (or year) selected but restricted to FUNDED services only. Funded services are established in the Set Up Wizard. See page 14 above for details on funding setup.
- **RW Funded clients receiving RW funded Services Only:** This is the most restrictive option. Only clients receiving a CARE Act funded service and who themselves are CARE Act eligible will be included in this export. To designate that a client is CARE Act eligible for a given service on a given date, the “RW” checkbox field in the service screen must be clicked on. See page 31 for details on the “RW” checkbox service field.

## Export Naming Convention

Export MDB: To export an MS-Access 2000® file, click the “Export .mdb File “ button on the bottom left of Figure 3.4. The exported file will be named “clddXXXX.mdb” where XXXX represents the year. The file will be written to the location you have indicated above in the “export To path.”

Export TXT file: To export a simple tab-delimited text file, click the “Export .txt File” button on the bottom right of Figure 3.4. The exported file will be named “clddXXXX.txt” where XXXX represents the year. The file will be written to the location you have indicated above in the export to path.

Note: All export .mdbs contain a report that displays some provider information and counts of each service provided.

## Unduplication

Grantees that import these CAREWare export files from their providers using the stand-alone CAREWare Unduplication module should request that providers who create the export rename the mdb or txt file to ensure that the file name is unique and can be distinguished from other providers’ exports. For example, you might want to rename the file with a provider number and date that the file was created such as “9898client0202.mdb” where 9898 is a provider number and 0202 represents Feb. 2002.

- The unduplication module and manual can also be downloaded from the CAREWare website at <http://hab.hrsa.gov/caresware>. Go to the bottom of the screen.
- The unduplication module can also be used to generate a CARE Act Data Report or CADR from the unduplicated data.

## Finding a Client

### Find Client Screen

- To locate a client's record, type his/her last name into the 'Last Name' box on the 'Find Client' screen. You may also type in the first letter or letters of the last name and then an asterisk. For example, typing 'Sm\*' will list all clients whose last name begins with these letters. Clients can also be searched by their URN, or the customizable client id field on the demographics screen.
- To limit the number of records that you would like to appear in the find list, specify a maximum value in the "Record Limit" box. The list can be further restricted by accepting Active clients only.
- To execute your search, click the "Find" button at the bottom of the screen.

**Figure 3.5**

The screenshot shows the 'Find Client' window with the following fields and controls:

- Last Name\*:** Text input field for the client's last name.
- Client ID:** Text input field for the client's ID.
- First Name\*:** Text input field for the client's first name.
- Custom List 1:** Dropdown menu for selecting a custom list.
- URN<sup>pick</sup>:** Text input field for the client's Unique Record Number.
- Custom Text 1\*:** Text input field for custom text.
- ☒ **Search for active clients only**
- Record Limit:** Text input field with the value '20'.
- Find** button: Executes the search.
- Close** button: Closes the window and returns to the Main Menu.

**Callouts:**

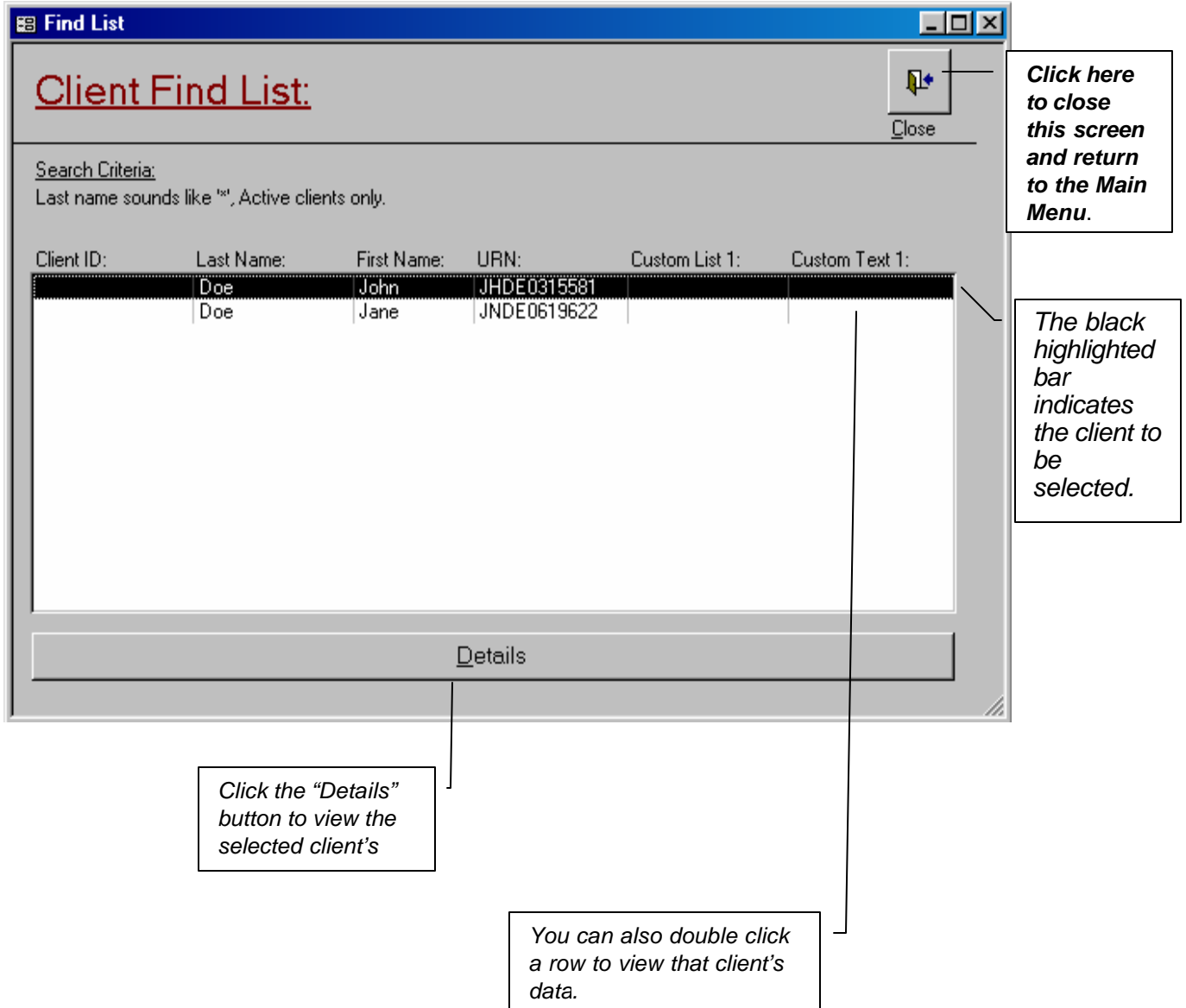
- Enter criteria into the fields that you want to search.** (Points to the search input fields)
- Click here to close this screen and return to the Main Menu.** (Points to the Close button)
- Unique Record Number: This is a unique number assigned to every client in the database.** (Points to the URN field)
- Fields whose titles are followed by an asterisk (\*) accept wildcards. Wildcards allow you to search for the first few letters of a name. For instance, if you were looking for Smith, you could enter "Sm\*" and get a list of all last names beginning with SM.** (Points to the asterisk in the field titles)
- Click here to begin the search for a client.** (Points to the Find button)

\* Wildcards (\*) accepted  
\*\* Encrypted URNs also accepted

## Client Find List

This screen appears after the search criteria have been entered on the 'Find Client' screen. If you typed in a specific last name, then all clients with that last name will be listed.

**Figure 3.6**



## Adding a New Client

---

To add a new client to the database, click “Add New Client” in the Main Menu. The screen in Figure 3.5 will appear.

**Figure 3.7**

The screenshot shows a window titled "HRSA" with a sub-header "New Client:". The form contains the following fields and controls:

- Last Name: [Text Input]
- First Name: [Text Input]
- MI: [Text Input]
- Gender: [Dropdown Menu]
- Estimate Birthdate: ☐
- DOB: [Text Input]
- URN: [Text Input]
- Create New Record: [Button]
- Cancel: [Button]

Callout boxes provide additional instructions:

- Click here if you don't know the client's exact date of birth,. You'll be asked to estimate their age within five years. (Points to the Estimate Birthdate checkbox)
- Click here when done; you're ready to enter data. (Points to the Create New Record button)
- Remember: The URN is automatically created from letters in the first and last name, the date of birth, and a code for gender. (Points to the URN field)

## Deleting A Client

---

You can delete a client in CAREWare *only* if the individual has had all clinical review data removed. You may have to go back to previous years to find that certain data had been entered for those years. Data from those back years will also have to be deleted before a client record can be removed from the database.

If very little data has been entered for a client that you wish to delete (perhaps they were entered incorrectly), you may also just change the client's demographic information with a new client. Just make sure you have deleted any other information on the old client!!

## Handling Client Data

### Demographic Tab with Case Notes

The screen in Figure 4.1 contains all of the client's personal information. Listed below are some properties of this screen.

- "Hispanic Ethnicity" is separate from the client's "race." Unknown Hispanic ethnicity can also be checked. Multiple racial categories that apply to the client can be checked.
- The Unique Record Number (URN) and its encrypted form is a code automatically established by the database in order to provide a unique identifier for each client. The URN is used in the unduplication module to merge databases across providers and can only be altered if you change the client's name, date of birth, or gender.
- Another field that can uniquely identify a client is the "Client ID" (underneath zip code). This field is for your agency's use only and is not required. Some agencies have used this space for Social Security Number, or their clinic chart number.

Figure 4.1

A raised tab indicates which screen is active.

Data Management Feature:  
Click this button to return to the Client Find List.

Check here to include/exclude client in Mailing labels.

IHI Fields:  
1. HIV Status at enrollment  
2. Self mgmt and service plan update See Report Section

**Client**

**Client:** Reporting Year: 2003

Report Delete Find Find List Close

Demographic Service Clinical Review HIV C&T Relations HIV Surveillance Acuity of Need

Last Name: Doe First Name: Susan MI: K Gender: Female

☐ Estimate Birthdate: 9/4/1968 DOB: URN: SSDE0904682 Encrypted URN: 1eR0r4Yp

Address: City: State: Hawaii

County: Zip: 48907- Client ID: 63

Phone: Include on Label Report ☒

☒ Include in IHI PDF HIV status at enrollment: HIV +/-Not AIDS, sym Self-Management Date: 12/11/2002 Service plan updated: 4/29/2003

**Ethnicity:**  
☐ Hispanic ☒ Non-Hispanic ☐ Unknown

**Race:**  
☒ White ☐ Black or African-American  
☐ Asian ☐ American Indian or Alaska Native  
☐ Other ☐ Native Hawaiian or Other Pacific Islander  
☐ Unknown

**Case Notes**

Memo:  
Eats too much cheese. Loves herring.  
Puts shoes on the wrong foot.  
Cheats at scrabble.

## Service Tab-Encounter Level Data Entry

**Figure 4.2** below is a view of the Service screen. The name of the client is shown on each screen, but it can only be edited on the demographic tab. **To enter a new service:**

1. Move the cursor into a new row
2. Enter the date of the service and then the service type. A list of all services and subservices, both **active** (currently funded) and **inactive** (not currently funded) is obtained by clicking the down arrow in the Service field. You will only see those services that were checked in the provider Setup Wizard and/or established in the subservice module. In the date field, be sure to enter the date the service was provided.

This is the reporting year currently active.

Client Enrollment Date and Vital/Enrollment Status are two important fields.

Starting in Version 3.5, we've added a button that allows you to jump quickly to the next blank service record.

Click here to access the Referrals Module

Click this ellipsis to access the accounting module. See below for details.

Check here ('RW') if any CARE Act funds were used to pay for this service on this date.

In this row, five customizable fields appear below the main service fields. Go to Administrative options if you wish to turn them on/off.

Client: Reporting Year: 2003

Demographic Service Clinical Review HIV C&T Relations HIV Surveillance Acuity of Need

Last Name: Doe First Name: Susan MI: K Enroll Date: 02/1991 Vital/Enroll Status: Active

Referrals

Date	Service	RW Units	Price	Total	Amount Rec'd	Comments
9/25/2003	Medical Care	1	\$100.00	\$100.00	\$0.00	...
9/16/2003	Unstable	1	\$25.00	\$25.00	\$0.00	...
9/12/2003	Medical Care	1	\$100.00	\$100.00	\$0.00	...
8/1/2003	Medical Care	1	\$100.00	\$100.00	\$23.00	...
7/23/2003	Cab Voucher	1	\$10.00	\$10.00	\$0.00	...



**Editing Hint: To delete a service entry.**

- Click the triangle that appears to the left of the service field for the line you wish to delete. Press the delete key on your keyboard.
- A screen will pop up asking if you want to continue. Click 'yes' if you do, or no if not. If you say no, you will need to 'refresh' the services screen by clicking the up arrow on the scroll bar to the right of the comments field. All of the original service entries should reappear.

**Service Screen: CARE Act Eligibility, Units, and Cost of Service**

1. RW Eligible: This check box field is helpful if you wish to designate if any RW CARE Act funds were used to pay for a client's service on a given visit date. Some clients, of course, may be eligible for CARE Act funds in the beginning of the year, but covered by Medicaid in the latter part. The 'RW' field can be used in Custom Reports to select (or exclude) only those service visits that had some CARE Act funding.
2. Units of Service can be entered in the field labeled "Units."
3. Unit cost of the service can be entered in the next field labeled "Price." The default values for this field can be established in the Setup Wizard. If this is done, the default values will automatically appear, although they can always be typed over.
4. The field labeled "Total" automatically multiplies the unit cost by the number of units. This field can also be edited.
5. By clicking the 3-dot ellipsis in the Amount Received field, the screen in figure 4.3 appears.

Figure 4.3

	Date:	Amount:	Source:
▶	06/06/2000	\$55.00	Medicaid
*		\$0.00	

IMPORTANT DATA MANAGEMENT NOTE:

The 'Receipt' module allows you to keep track of reimbursements received for each service from **Non-CARE Act** sources such as client self-pay, co-pays, Medicaid, Medicare and private insurers. Figures tracked in this module will be used in the easy to produce Financial report.

## Clinical Review/Relations Tabs

**Figure 5.1**

Relations Tab for establishing dependent links.  
**HIV C&T:** Counseling & Testing

**STI/HEP:** Sexually Transmitted infections/Hepatitis dx/rx.  
**Pregnancy Hx:** Pregnancy history

**Client:** Reporting Year: 2002

Report Delete Find Find List Close

Demographic Service Clinical Review HIV C&T Relations CD4/Viral Load Custom Data Acuity of Need

Last Name: ARMSTRONG First Name: CATHERINE MI:

New Encounter Past Encounter Rapid Entry

Qtr 1 Qtr 2 Qtr 3 Qtr 4 Annual 1 Annual 2 Annual 3 STI/Hep. Pregnancy Hx

Quarter 1: January - March

Substance Abuse History: Qtr Custom 1

Antiretroviral Medications: Substance Abuse Treatment:

CD4+ Lymphocyte count: Mental Health History: Qtr Custom 2

Month of last CD4 count: Mental Health Treatment:

Quantitative Viral Load (copies):

Month of last Viral Load Test:

**Qtr1-Qtr4:** Quarter 1 through 4 screens are identical.

**Qtr Custom 1 and Qtr Custom 2** are customizable text fields. To customize variable labels, see page 44.

## CD4/Viral load Data Management

- **Starting in Version 3.5**, CD4 counts and viral loads can be entered only through the Labs module of the CERF, or the quarterly tabs in the Clinical Review. When you upgrade to Version 3.5, CAREWare will prompt you if you would like to move CD4/VL values from the old tab location to the CERF (if any records exist).

See the CERF manual to use the New Encounter, Past Encounter, and Rapid Entry features.

## Antiretroviral Medications

- When you click the command button next to the 'Antiretroviral Medications' text box in the quarterly screens of the Clinical Review, the screen in Figure 5.2 appears.
- Select the medications that reflect the client's antiretroviral regimen *at the end of each quarter*. When done, click the 'Apply' button. Selected medications are stored in the database using HRSA drug codes (available from the CAREWare website).
- IMPORTANT: If you use the CERF, then this medications function in the Clinical Review will be **disabled**! See the CERF manual for details.

NOTE: Agencies will be notified when new antiretroviral medications are approved by the FDA and should be added to this list. Instructions for updating RW CAREWare will be available from HRSA and the Help Desk and posted on the website.

Figure 5.2

**Antiretroviral Medications:**

Year: 2001 Quarter: 1

Select all medications prescribed during this quarter.

AZT+3TC	Combivir
IDV	Crixivan (indinavir)
3TC	Epivir (3TC, lamivudine)
SQV	Fortovase (Invirase, saquinavir)
ddC	HIVID (ddC, dideoxycytidine, zalcitabine)
HU	Hydrea (hydroxyurea)
RTV	Norvir (ritonavir)
DLV	Rescriptor (delavirdine)
AZT	Retrovir (AZT, ZDV, zidovudine)
EFV	Sustiva (efavirenz)
ddl	Videx (ddl, didanosine, dideoxyinosine)
NFV	Viracept (nelfinavir)
NVP	Viramune (nevirapine)
d4T	Zerit (d4T, stavudine)
ABC	Ziagen (abacavir)
KLT	Kaletra (ritonavir, lopinavir)
TRZ	Trizivir (abacavir/3TC/AZT)

Cancel Apply

## Clinical Review: Annual Tabs

### Annual Tab 1

The fields in **Figure 5.3** may or may not be visible depending on your responses to queries in the Setup Wizard, in particular, whether or not you will be entering medical information on your clients.

If your database is customized in such a way that all the annual features are utilized, then the 'Clinical Review' screen will appear as it does below in Figure 5.3. In this instance, there are so many annual features that they have been split into three separate tabs. However, it may be that your agency has customized *RW CAREWare* in such a way that all of the information can be kept on one screen.

#### IMPORTANT FEATURES:

- Fields required for the CADR (HIV status, Risk Factors, Primary insurance, etc.) can have their labels set to a special color to help data entry personnel. See Custom Features on Page 46.
- The **Poverty Level** is calculated automatically using the number in the household and the Annual Household Income. Federal Poverty Level figures are updated in the first quarter of each year by the US Dept. of Health and Human Services and will be incorporated into CAREWare when available. For further information on poverty level calculations, go to: <http://aspe.hhs.gov/poverty/>

**Figure 5.3**

**Client**

Reporting Year: 2003

Report Delete Find Find List Close

Demographic Service Clinical Review HIV C&T Relations HIV Surveillance Acuity of Need

Last Name: Doe First Name: Susan MI: K

New Encounter Past Encounter Rapid Enc

Qtr 1 Qtr 2 Qtr 3 Qtr 4 Annual 1 Annual 2 Annual 3 STI/Hep. Pregnancy Hx

**HIV Status:**  
HIV-positive (not AIDS) ☐ Complete

**Risk factors for HIV Infection:**

☐ Male who has sex with Male(s) ☒ Heterosexual contact ☐ Receipt of transfusion of blood, blood components, or tissue

☒ Injecting Drug Use ☐ Undetermined/unknown, Risk not reported or identified ☐ Other, specify:

☐ Hemophilia/coagulation disorder ☐ Perinatal Transmission

**Primary Insurance:** Medicaid **Primary HIV Medical Care:** Publicly-funded clinic or h **Housing/Living Arr.:** Permanently Ho

**Outreach**

**Number in Household:** 3 **Annual Household Income:** \$38,000.00 **Poverty Level:** 217% **Annual Custom 2**

Multiple HIV risk factors can be checked.

Check here if the fields in the Clinical Review form are filled out and completed to your satisfaction. A year-end export file cannot be created until the Clinical Review for each client in the selected reporting year has been set to Complete.

## Data Entry Time Saving Feature:

Another Custom Feature that can be set is to have CAREWare automatically move forward from year to year all of the fields on the bottom of the Annual 1 tab (Primary Insurance through Annual Custom 2) as well as HIV Status and Risk Factors. See Custom Features on page 46.

## Annual Tab 2

- Antiretroviral Therapy (ART): This field asks if the client was started on antiretroviral therapy for the first *in the current* reporting year—that is, if they are treatment naïve. If the response is either 'No, Not clinically indicated' or 'Client Refused Therapy,' then the field directly below, Antiretroviral Therapy Type, will automatically be set to 'None.'

Figure 5.4

The screenshot shows the 'Client' form in CAREWare, specifically the 'Annual 2' tab. The form is titled 'Client' and includes a 'Reporting Year' dropdown set to '2001'. Navigation buttons include 'Report', 'Delete', 'Find', 'Find List', and 'Close'. The form is divided into several sections: 'Demographic' (Last Name, First Name, MI), 'Clinical Review' (Qtr 1, Qtr 2, Qtr 3, Qtr 4, Annual 1, Annual 2, Annual 3, STI/Hep, Pregnancy Hx, HIV C&T), 'HIV Medication History' (Antiretroviral Therapy (ART), Antiretroviral Therapy Type, Genotypic/Phenotypic Testing), 'Preventive Therapy' (PCP Prophylaxis, Pneumovax, Pelvic Exam and Pap Smear, Pelvic Exam Month), and 'Title III' (Referred outside of EIS, Experimental referral within EIS). The 'Antiretroviral Therapy (ART)' field is set to 'No, patient already on AR'. The 'Antiretroviral Therapy Type' field is set to 'Highly Active Anti-Retrovir'. The 'Genotypic/Phenotypic Testing' field is set to 'Yes'. The 'PCP Prophylaxis' field is set to 'No, client refused'. The 'Pneumovax' field is set to 'No, client refused'. The 'Pelvic Exam and Pap Smear' field is set to 'Yes, enter date:'. The 'Pelvic Exam Month' field is set to 'April'. The 'TB Skin test' field is set to 'Not documented in medic:'. The 'Referred outside of EIS' field is set to 'Referred outside of EIS:'. The 'Experimental referral within EIS' field is set to 'Experimental referral within EIS:'.

### Annual Tab 3

The final Clinical Review screen (Figure 5.5) covers the development of specific AIDS-defining conditions and their month(s) of diagnosis.

**IMPORTANT:** If you elect to use the CERF, then the fields on this Tab will be disabled and read only; you can't edit the values here. You'll have to go back to the CERF.

If you indicate that one of these conditions was diagnosed but the client's HIV status is not set to "CDC-defined AIDS," a box will appear asking if you would like to update that variable on the Annual, Part 1 tab.

**Note:** For conditions occurring more than once in the reporting year, enter the month of the latest diagnosis. Also, if the condition was **NOT** diagnosed, simply leave the response blank.

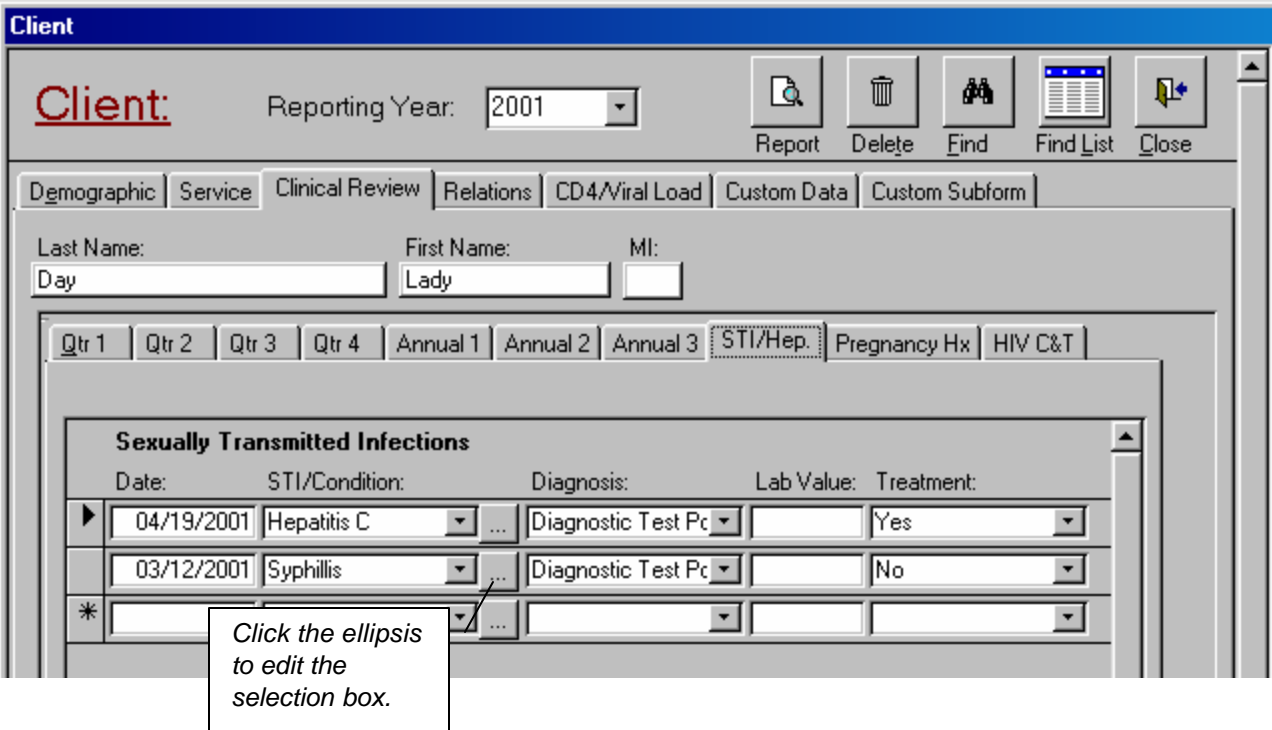
Figure 5.5

The screenshot shows the 'Client' software interface. At the top, there's a title bar 'Client' and a header area with 'Client:' in red, 'Reporting Year: 2001', and several icons (Report, Delete, Find, Find List, Close). Below this is a tabbed interface with 'Demographic', 'Service', 'Clinical Review', 'Relations', 'CD4/Viral Load', 'Custom Data', and 'Custom Subform'. The 'Clinical Review' tab is active. Inside this tab, there are fields for 'Last Name: Day', 'First Name: Lady', and 'MI:'. Below these are more tabs: 'Qtr 1', 'Qtr 2', 'Qtr 3', 'Qtr 4', 'Annual 1', 'Annual 2', 'Annual 3' (which is selected), 'STI/Hep.', 'Pregnancy Hx', and 'HIV C&T'. The 'Annual 3' tab contains a section titled 'AIDS defining conditions:' with several dropdown menus: 'M. Avium Complex (MAC)', 'Pneumocystis carinii pneumonia (PCP)', 'Toxoplasmosis (Toxo)', 'Other AIDS-defining condition:', 'M. Tuberculosis (TB):' (set to 'More than one occurrence'), 'TB Month:' (set to 'February'), 'Cytomegalovirus (CMV):', and 'Cervical Cancer:'.

- You may wish to use some of the customizable features outlined below to keep information on the development of other conditions (HIV and non-HIV) not listed here.

## STI and Hepatitis Screening, Testing and Treatment Information

Figure 5.6



**Client**

**Client:** Reporting Year: 2001

Report Delete Find Find List Close

Demographic Service Clinical Review Relations CD4/Viral Load Custom Data Custom Subform

Last Name: First Name: MI:  
Day Lady

Qtr 1 Qtr 2 Qtr 3 Qtr 4 Annual 1 Annual 2 Annual 3 **STI/Hep** Pregnancy Hx HIV C&T

**Sexually Transmitted Infections**

Date:	STI/Condition:	Diagnosis:	Lab Value:	Treatment:
04/19/2001	Hepatitis C	Diagnostic Test Pc		Yes
03/12/2001	Syphilis	Diagnostic Test Pc		No
*				

Click the ellipsis to edit the selection box.

You cannot edit the first nine conditions on the list. However, you can add any other conditions after the first 9. Simply add a description of the new STI/Condition in the next empty box and CAREWare will automatically assign it a numeric code starting with the number 51.

Figure 5.6a.



**Edit STI List**

**Edit STI List:** Close

Code:	Description:
01	Chlamydia
02	Genital Herpes
03	Gonorrhea
04	Human Papillomavirus (genital warts)
05	Syphilis
06	Non-specific urethritis
07	Hepatitis A
08	Hepatitis B
*	

Type in description of new condition here.



**Figure 5.7**

**Client**

Reporting Year: 2002

Report Delete Find Find List Close

Demographic Service Clinical Review HIV C&T Relations CD4/Viral Load Custom Data Acuity of Need

Last Name: ARMSTRONG First Name: CATHERINE MI:

New Encounter Past Encounter Rapid Entry

Qtr 1 Qtr 2 Qtr 3 Qtr 4 Annual 1 Annual 2 Annual 3 STI/Hep. **Pregnancy Hx**

**Pregnancy History**

Est. Conception Date:

**Prenatal Care**

Begin Date:  # Visits:  ART Counseling?  ART Offered?  ART Taken?  ART Date:

Pregnancy Outcome:

Delivery/Outcome Date:  HIV Status of Newborn:

Record:  1 of 1

## Pregnancy History

### 1. Estimated Date of Conception

### 2. Prenatal Care:

1. Date Begun
2. Number of prenatal visits
3. Did HIV-positive pregnant client receive counseling to prevent vertical transmission?
4. Was AZT/ZDV (zidovudine) or other antiretroviral offered to reduce risk of vertical transmission?
5. Was AZT/ ZDV (zidovudine) or other antiretroviral taken to reduce risk of vertical transmission? This could be ante (before) or intrapartum (during labor) delivery of medication.
6. If yes, when was prenatal therapy begun (ART Date)?

**3. Pregnancy Outcome:** Live birth, induced abortion, spontaneous abortion (miscarriage), stillbirth

### 4. Delivery/Outcome Date

**5. HIV status of newborn:** Negative, Positive, Indeterminate, Unknown

For additional pregnancies, click right arrow; left arrow to go back.

## HIV Counseling & Testing

**Note:** The HIV Counseling & Testing Tab is independent of the Service module. This will allow agencies to track C & T in clients who do not receive any other CARE Act eligible service. Clients who are entered here and are thus counseled and tested confidentially will be included in the C&T section of the CADR, but they won't be included in the overall client counts of that report if they don't receive another CARE Act eligible service in the reporting period.

- Remember that, by definition, clients who are counseled & tested anonymously are not entered into CAREWare . When you generate the CADR, you will fill in yourself the number tested anonymously. See the CADR section on page 49.

Figure 5.8 shows the fields available for tracking confidential HIV counseling and testing. These services are allowable under all CARE Act Title programs.

- Pretest counseling and date
- HIV testing, result and test date
- Post-test counseling and date
- Partner notification information

**Figure 5.8**

The screenshot shows the 'Client' window with the 'HIV C&T' tab selected. The 'Reporting Year' is set to 2002. The client's name is 'Doe, Jane'. The form contains three rows of data for counseling and testing. The first row shows a pretest on 01/19/2002 and a test on 01/20/2002 with a positive result. The second row shows a pretest on 11/19/2000 and a test on 12/12/2000 with a negative result. The third row is partially filled out. The 'Partner Notification' section shows 'PN Offered' as 'Yes' and '# Notified' as '2'.

Pretest	Test	Partner Notification
Pretest Counsel: Yes Counsel Date: 01/19/2002	Tested: Yes Result: HIV Positive Test Date*: 01/20/2002	PN Offered: Yes # Notified: 2
Pretest Counsel: Yes Counsel Date: 11/19/2000	Tested: Yes Result: HIV Negative Test Date*: 12/12/2000	PN Offered: # Notified:
Pretest Counsel: Counsel Date:	Tested: Result: Test Date*:	PN Offered: # Notified:

The Custom Reports module can be used to run C&T reports.

## Relations

Title IV programs (and any other agencies who wish to use this feature) can link to the “index case” any affected family member or next of kin who also requires services.

**Impact on the CADR:** If you are a Title IV Grantee, family members who receive Title IV services by virtue of their relationship to an HIV-positive next of kin should be linked on this screen.

In this screen you can:

1. Create a new dependent
2. Append a dependent, that is, link this individual to the index client who is already receiving services and exists in the database.
3. Click the ‘Go To’ tab next to a dependent and automatically jump to that client’s record.
4. Unappend a dependent (unlinks a client who no longer needs to be or was incorrectly linked to the index case).

**Figure 5.9a**

The screenshot shows the 'Client' screen with the 'Relations' tab selected. The 'Reporting Year' is set to 2001. The 'Last Name' field contains 'Day', 'First Name' contains 'Lady', and 'MI' is empty. There are buttons for 'Create New Dependent' and 'Append Dependent'. Below these is a table of dependents with columns: Name, Birth Date, Gender, Relation, and Index. The first row shows 'Day, Baby', '11/19/2000', 'Female', 'Child', and an unchecked checkbox. To the right of the table are 'Go To' and 'Unappend' buttons. A callout box points to the 'Go To' button.

Name:	Birth Date:	Gender:	Relation:	Index:
Day, Baby	11/19/2000	Female	Child	<input type="checkbox"/>

Click ‘Go To’ to jump to this client’s record.

New in version 3.5: We’ve added a quick report that prints a list of “index” clients and their dependents. See page 69.

## Example: Appending a New Client

Let's say Avila Ivery is the HIV-positive index case who first sought services at your Title IV clinic.

Her brother Raul Ivery, who is HIV-negative, also requires services.

1. Click the tab in Figure 5.9a labeled 'Create New Dependent.' The screen in **Figure 5.9b** will appear.
2. Enter the appropriate information for this new client.
3. Click 'Create New Record.' The screen in Figure 5.9c will appear.

**Figure 5.9b**

The screenshot shows a window titled 'HRSA' with a sub-header 'Append New Client:'. Below this, there is a text field 'Append to:' containing 'Ivery, Avila O.'. The main form has several fields: 'Last Name:' with 'Ivery', 'First Name:' with 'Raul', and 'MI:' which is empty. Below these are 'Gender:' with a dropdown menu showing 'Male', an 'Estimate Birthdate' checkbox which is unchecked, 'DOB:' with '03/15/1959', and 'URN:' with 'RUIE0315591'. At the bottom are two buttons: 'Create New Record' and 'Cancel'.

**Figure 5.9c**

The screenshot shows a dialog box titled 'Specify Relation'. It contains the text 'Please specify the correct relation between the following clients.' Below this, it says 'The INDEX client,' followed by a text field containing 'Ivery, Avila O.'. Then it says 'is the' followed by a dropdown menu, and 'of the DEPENDENT,' followed by a text field containing 'Ivery, Raul'. At the bottom are two buttons: 'Apply' and 'Cancel'.

To specify the relationship between the dependent and the Index client, click the down arrow and the choices in **Figure 5.9d** will appear (scroll down to view additional choices). Click Apply when done.

**Figure 5.9d**

The screenshot shows a dropdown menu with the following options: Parent, Child, Aunt/Uncle, Niece/Nephew, Grandparent, Grandchild, Brother/Sister, and Cousin.

*Don't forget to click Apply when done.*

## Custom Data Screens

The custom fields available in Figure 6.1, and the two sections that follow, are designed to allow your site to keep track of additional data that is not stored elsewhere in the database and is not required by HRSA but may be important to your own agency. Grantees might work with their providers to ensure that at least some custom variables are coded and labeled similarly to ensure comparability of data fields across providers.

### Custom Variable Labels

- These fields are equipped with a special label design feature: At first, the labels appear as they do in **Figure 6.1** (Custom List 1, 2, etc.). To make your own labels:
  1. With your mouse, click on and highlight the label above the variable
  2. Edit the words in the label by typing in what you want
  3. Hit enter; a message box will appear. Click “Yes” if you want to proceed
  4. The labels you create here will appear in the custom reports and crosstab wizard.

**Combo Boxes:** In the first two rows contain four dropdown combo boxes (Custom List 1 through 4). Next to each is a control button with three dots (ellipses). To customize the response codes for these fields, follow the instructions below.

**Figure 6.1**

**Client**

Reporting Year: 2000

Demographic Service Clinical Review CD4/Viral Load **Custom Data** Custom Subform Import Subform

Last Name: Doe First Name: John MI:

Adherence Custom List 2

Custom List 3 Custom List 4

Custom Text 1 Custom Text 2

Custom Number 1 0 Custom Date 1 Custom Date 2 Custom Date 3

**Control Buttons:** Click these buttons to customize the response codes for these fields. See below for details.

**Custom Labels:** Click on and highlight the old label with your mouse. Type in new label as you see fit!

## Editing Custom Lists

**Figure 6.2** is an example of a custom list (dropdown box) from the 'Custom Data' screen. This screen pops up whenever you click one of the small command buttons next to the dropdown boxes. First enter the internal code (the value that will be stored in the database) and then a description of that value.

- NOTE: Codes for data elements can have no more than two characters. Also, it is a good idea to use **both** characters; for example, use '01' instead of '1.'

**Figure 6.2**

The screenshot shows a window titled "Edit Custom Lists" with a close button in the top right corner. Below the title bar, the text "Edit Custom Lists:" is displayed in red. The main area contains a table with two columns: "Code:" and "Description:". The table has four rows. The first row has a code of "01" and a description of "Good". The second row has a code of "02" and a description of "Better". The third row has a code of "03" and a description of "Non-adherent". The fourth row has a code of "\*" and an empty description field. A callout box on the left points to the "Code:" column with the text "Type in the internal code or value that will be stored in the database." A callout box on the right points to the "Description:" column with the text "Enter a description of the data element." Another callout box on the right points to the close button with the text "Click here to return to the 'Custom Data' form."

Code:	Description:
01	Good
02	Better
03	Non-adherent
*	

## Custom Features

To control the custom tabs on the client screen (you may or may not find them useful):

- Click on Administrative Options and the tab labeled “Custom Features.” The screen in Figure 6.3 will appear.
- Check on or off those custom tabs you do/don’t want visible.
- In the text box under each (except for Custom Service Row), enter the label you want to appear on the custom tab.
- In the box next to “Title Bar Text,” enter the customized text you would like to have appear in the blue bar on the top of the RW CAREWare screen. For example, this might be your clinic’s or agency’s name.
- Select a color to highlight the labels of those fields required for the CARE Act Data Report.
- Select the fields in the Clinical Review, Annual Tab 1 whose values you would like to have automatically moved forward from year to year. These values will be moved forward upon entry of the first service for a given year.

Figure 6.3

**Custom Features**

Check the appropriate boxes to indicate which custom features on the client screen should be visible. You may also specify a name for the tab.

☒ Custom Data ☒ Custom Subform ☒ Custom Service Row

Acuity of Need

You also may add custom text to the application title bar (the blue bar at the very top of the screen). Your changes to the Title Bar may not be visible until the next time the application opens.

Title Bar Text: HIV/AIDS Treatment Program

Select a color to highlight the labels of CARE Act Data Report related fields.

☒ Black (No highlights) ☐ White ☐ Blue ☐ Purple  
☐ Red ☐ Green ☐ Aqua ☐ Orange

If you want the Clinical Review to carry over data from the Annual 1 tab from year to year, check the appropriate boxes below.

☒ HIV Status ☒ Risk Factors ☒ Primary Insurance  
☒ Primary HIV Medical Care ☒ Housing/Living Arr. ☒ Number in Household  
☒ Annual Household Income ☒ Annual Custom 1 ☐ Annual Custom 2

Apply Cancel

Click on check box if you would like this custom tab visible. Here we have named it “Acuity of Need.”

Click Apply when done.

## Custom Service Row

If you elect to make the “Custom Service Row” visible, an entire row of customizable fields will be appear below each service entry for the client. There are two custom list fields, one number and one text field. See above for editing custom lists.

**Figure 6.4**

The screenshot shows the 'Client' window with a blue title bar. Below the title bar is a red 'Client:' label and a 'Reporting Year: 2000' dropdown. To the right are icons for Delete, Find, Find List, and Close. Below these are tabs for Demographic, Service, Clinical Review, CD4/Viral Load, Custom Data, Custom Subform, and Import Subform. The 'Service' tab is selected. Below the tabs are fields for Last Name (Doe), First Name (John), MI ( ), Enroll Date (03/1999), and Vital/Enroll Status (Active-client se). Below these is a table with columns: Date, Service, RW Units, Price, Total, Amount Rec'd, and Comments. The first row shows '06/12/2000', '1 primary w/ HC provi', '1', '\$245.00', '\$245.00', '\$89.00', and an empty comment field. A callout box on the left points to the table with the text: 'The Custom service fields appear below each main service entry.'

- Unlike other custom fields in CAREWare, labels for the custom service fields cannot be altered due to lack of space on this screen.

## Custom Subform

Up to ten customizable fields are available if you choose to make the “Custom Subform” visible.

To select specific fields (and establish if they are required), click the ‘Select Custom Controls;’ on the right hand side of the Custom Subform screen Figure 6.5 will appear.

**Figure 6.5**

The screenshot shows the 'Select Custom Controls' dialog box with a blue title bar. It contains several checkboxes and a 'Date 1:' field. The 'Show Primary Key (which cannot be edited)' checkbox is checked. Below it is a 'Date 1:' field. There are two columns of checkboxes. The first column has: 'Show' (checked), 'Require' (checked), 'Show Custom List' (checked), 'Show Date 2' (checked), 'Show Text 1' (unchecked), 'Show Text 2' (unchecked), 'Show Number 1' (unchecked), 'Show Number 2' (unchecked), 'Show Currency 1' (checked), and 'Show Currency 2' (unchecked). The second column has: 'Only show records with date within reporting year' (checked), 'Require Custom List' (checked), 'Require Date 2' (unchecked), 'Require Text 1' (unchecked), 'Require Text 2' (unchecked), 'Require Number 1' (unchecked), 'Require Number 2' (unchecked), 'Require Currency 1' (unchecked), and 'Require Currency 2' (unchecked). At the bottom are 'Apply' and 'Cancel' buttons. A callout box on the left points to the 'Show' and 'Require' checkboxes with the text: 'You may select up to 9 fields (plus the primary key). However, if you select 7 or more, only the first 6 will be visible on the row. You must scroll to the right to see the remainder.' A callout box on the right points to the 'Require' column with the text: 'Click the option in this column to make this field required.'



## Reports

NOTE: Except for the Quick client report described below, all reports described here are accessed by clicking the Reports button on the Main Menu.

### Quick Client Report

To produce a quick, one-page client demographic report, simply click the Report icon at the top of a client's screen. This report icon can be accessed from any client screen.

Figure 7.1

Click here for Client Report

The screenshot shows the 'Client' screen in CAREWare. At the top, there is a blue header bar with the word 'Client' in white. Below this, there is a grey bar with the 'Client:' label in red, a 'Reporting Year:' dropdown set to '2001', and five icons: 'Report' (a document with a magnifying glass), 'Delete' (a trash can), 'Find' (a magnifying glass over a group of people), 'Find List' (a document with a magnifying glass), and 'Close' (a document with an 'X'). Below the grey bar, there are several tabs: 'Demographic', 'Service', 'Clinical Review', 'Title III/IV', 'CD4/Viral Load', 'Custom Data', and 'Custom Sub'. The 'Demographic' tab is selected. The form contains various fields for client information: 'Last Name' (liver), 'First Name' (Avila), 'MI' (0), 'Gender' (Female), 'DOB' (12/17/1959), 'URN' (AIE1217592), 'Encrypted URN' (gCPSQPH3F), 'Address' (414 Oak St.), 'Phone' ((212) 909-2999), 'City' (Oakland), 'State' (Maine), 'ZIP' (32099), and 'Client ID'. There are also checkboxes for 'Estimate Birthdate' and 'Race' (White, Black or African-American, Asian, American Indian or Alaska Native, Other, Native Hawaiian or Other Pacific Islander, Unknown). The 'Report' icon is highlighted with a callout box that says 'Click here for Client Report'.

This report will include all the information on the client's demographic screen, enrollment date, vital and enrollment status, Custom data, and all the data that appears on the Annual, Part I tab of the clinical review (HIV status, risk, etc.) You may find this quick to generate report helpful for your paper records.

**Warning:** The client's name and other personal identifiers will appear on this report and therefore should be handled like all other documents containing confidential information.

**Don't Forget:** All reports in CAREWare can be printed by pressing Ctrl + P on your keyboard.

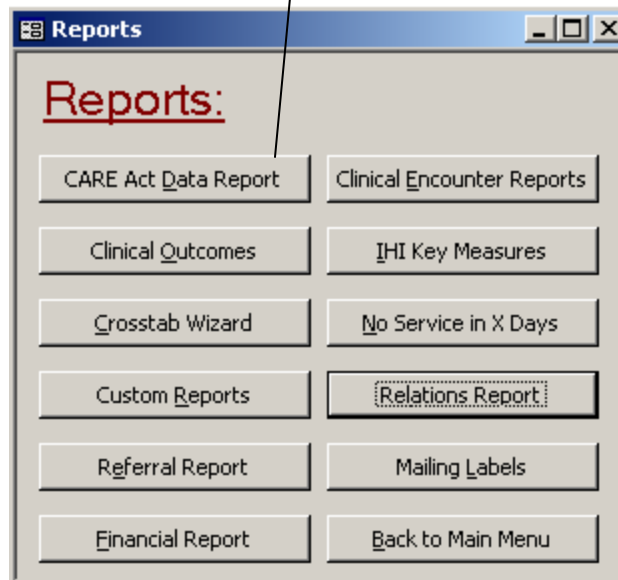
## CARE Act Data Report ( CADR)

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To create the CARE Act Data Report (CADR)

- Click Reports in the Main Menu.
- The screen in Figure 7.2 will appear.
- Click the top button

**Figure 7.2**



## Setup

To create the CADR, you must first provide information required in the setup screen shown in Figure 7.3; then you must complete each CADR section identified by the tabs.

- Indicate the Year of the Report or select a date range by entering 'From' and 'Through' Dates.
- If you wish to create, say, a first quarter report for 2002, enter a from date of "01/01/2002" and a through date of "03/31/2002." For HRSA, you will typically just select an entire calendar year.
- Next, you must indicate the Template and Export File and Path. These locations default to the typical CAREWAre location, "C:\Program files\H\_S\_code." If they reside elsewhere, or if you would like to write the report to another location, browse to that spot by clicking on the 3-dot ellipsis to the right of the long box.

***See instructions below on page 57 to output a CADR data file only (no viewable report) for simple upload to HRSA's web-based data entry system.***

- Finally, you must indicate the Report Scope, that is, if the report will include ALL clients receiving any eligible service or CARE Act funded services only.

**IMPORTANT: Except for special circumstances, agencies should use the first reporting scope option: All Clients receiving any eligible service.**

Figure 7.3

The screenshot shows the 'CADR Facesheet' application window. The title bar reads 'CADR Facesheet'. The main window has a tabbed interface with tabs for 'Setup', 'Section 1.2', 'Section 1.2 (cont)', 'Sec. 4 HIV C&T', 'Section 6.1', 'Section 6.1 (cont)', 'APA', and 'HIP'. The 'Setup' tab is active. The main content area is titled 'CARE Act Data Report' and contains the following elements:

- A 'Create Report' button and a 'Close' button in the top right corner.
- A text instruction: 'To produce the CADR, fill out the form below completely and click the 'Create Report' button.'
- A section titled 'Provide the following setup information before continuing on to the next sections.' containing:
  - Fields for 'Year:', 'From:', and 'Through:'. The 'Year:' field has a dropdown menu showing '2003'.
  - A text instruction: 'To produce a CADR with a viewable report, select the template file named 'cadr\_tmp35.mdb.' To output a file that contains data only, and no viewable report, select the template file named 'cadrweb\_tmp35.mdb'. The 'cadrweb' file is small and should be used to send to your Grantee or HRSA for rapid upload to the CADR web-based data entry system.'
  - Fields for 'Template File and Path:' and 'CADR File and Path:', both showing the default path 'C:\Program Files\H\_S\_Code\cadr\_tmp35.mdb' and 'C:\Program Files\H\_S\_Code\cadr03.mdb' respectively, with browse buttons (three dots) to the right.
  - A 'Report Scope:' section with two radio button options:
    - ☒ All clients receiving any eligible service
    - ☐ RW Funded Services Only

- The remaining tabs follow the section order of CARE Data Report itself. These tabs pertain to the agency/provider-related information required by the CADR.
- **Important:** Some provider-related information that is required by the CADR appears in the CAREWare Setup Wizard and likely has already been entered in that location; *it is not repeated here*. Administrators may of course return to the Setup Wizard at any time to update and verify any information entered there.
- Enter all the information on each screen that pertains to your agency. Remember, certain sections or questions will not appear and are of course not required if your agency does not provide certain services such as HIV Counseling & Testing or if you do not receive funding from specific Title programs, in particular Titles 3 and 4.
- Note that the CADR question number appears at the beginning of each item.

**Figure 7.4**

**CADR Facesheet**

**CARE Act Data Report**

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup Section 1.2 Section 1.2 (cont) Sec. 4 HIV C&T Section 6.1 Section 6.1 (cont)

**[CADR #8] If you are a Publicly funded Community Health Center Provider, did you receive funding under Section 330 of Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?**

☒ Yes ☐ No ☐ Don't know/unsure

**[CADR #10] Source of Ryan White CARE Act funding:**  
(Check all that apply.)

☒ Title I

Grantee 1: The City of San Diego Health Department

Grantee 2:

Grantee 3:

☒ Title II

Grantee 1: The State of California Department of Health Services

Grantee 2:

**[CADR #11] During this reporting period, did you provide the grantee with support in ... ?**

a. Planning or evaluation	<input type="checkbox"/> Yes
b. Administrative or technical support	<input type="checkbox"/> Yes
c. Fiscal intermediary services	<input checked="" type="checkbox"/> Yes
d. Technical assistance	<input checked="" type="checkbox"/> Yes
e. Capacity development	<input type="checkbox"/> Yes
f. Quality management	<input type="checkbox"/> Yes

Enter the name of the Grantee through which you are contracted to provide services. Please enter the full name!

**Figure 7.5 Services Offered and Title Funding**

### CARE Act Data Report

Create Report
Cancel

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup
Section 1.2
Section 1.2 (cont)
Sec. 4 HIV C & T
Section 6.1
Section 6.1 (cont)
APA
HIP

**(CADR #15) Indicate which of the following populations were especially targeted for outreach or services during this reporting period.**  
(Check box for each group targeted.)

<input type="checkbox"/> Migrant or seasonal farm workers	<input type="checkbox"/> Rural populations other than migrant or seasonal farm workers
<input checked="" type="checkbox"/> Women	<input checked="" type="checkbox"/> Race/ethnic minorities/communities of color
<input type="checkbox"/> Children	<input type="checkbox"/> Gay, lesbian and bisexual adults
<input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway or street youth
<input type="checkbox"/> Gay, lesbian and bisexual youth	<input checked="" type="checkbox"/> Injection drug users
<input type="checkbox"/> Incarcerated persons	<input type="checkbox"/> Parolees
<input type="checkbox"/> All adolescents	
<input type="checkbox"/> Non-injection drug users	
<input type="checkbox"/> Other	

**(CADR #19) Amount of Title I funding received during this reporting period**

 (Rounded to the nearest dollar)

**(CADR #21) Amount of Title III funding received during this reporting period**

 (Rounded to the nearest dollar)

**(CADR #22) Amount of Title IV funding received during this reporting period**

 (Rounded to the nearest dollar)

**(CADR #23) Amount of Title, I, II, III, or IV Ryan White CARE Act funds EXPENDED on oral health care during this reporting period**

 (Rounded to the nearest dollar)

**Figure 7.6 HIV Counseling & Testing Program data and Anonymous services**

### CARE Act Data Report

Create Report
Cancel

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup
Section 1.2
Section 1.2 (cont)
Sec. 4 HIV C & T
Section 6.1
Section 6.1 (cont)
APA
HIP

**(CADR #36) Was HIV counseling and testing provided as part of your program during this reporting period?**

☒ Yes
☐ No

**(CADR #37) Were Ryan White CARE Act funds used to support HIV counseling and testing services during this reporting period?**

☐ Yes
☒ No

**(CADR #38) How many anonymous individuals received HIV pretest counseling during this reporting period?**

 0

**(CADR #39) Of the anonymous individuals who received HIV pretest counseling, how many were tested for HIV antibodies during this reporting period?**

 0

**(CADR #40) Of the anonymous individuals who received pretest counseling and were tested for HIV antibodies, how many had a positive test result during this reporting period?**

 0

**(CADR #41) Of the anonymous individuals who received HIV pretest counseling and were tested for HIV antibodies, how many received HIV posttest counseling during this reporting period, regardless of test results?**

 0

**(CADR #42) Of the individuals who tested POSITIVE, how many did not return for HIV posttest counseling during this reporting period?**

 0

**(CADR #43) Did your program offer partner notification services during this reporting period?**

☐ Yes
☒ No

**Figure 7.7 Costs, Expenditures, and Collections**

**CARE Act Data Report**

Create Report
Cancel

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup
Section 1.2
Section 1.2 (cont)
Sec. 4 HIV C & T
Section 6.1
Section 6.1 (cont)
APA
HIP

**(CADR #60) Cost and revenue of primary care\* and other program\*\* during this reporting period:**

\*Includes medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, and pharmacy services; radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care.

\*\*Includes case management and eligibility assistance, outreach, social work, prevention education and harm reduction. If you are providing a Title III-eligible service, include it, even if it's not being funded under your grant.

a. Total cost of providing service:

Primary Care
 Other program

b. Title III grant funds expended:

Primary Care (excluding pharmaceuticals)
 Other program
 Pharmaceuticals

c. Direct collections from patients:

Primary Care
 Other program

d. Reimbursements received from third party payer:

Primary Care
 Other program

e. All other sources of income:

Primary Care
 Other program

**Figure 7.8 Title 3 Services**

**CARE Act Data Report**

Create Report
Cancel

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup
Section 1.2
Section 1.2 (cont)
Sec. 4 HIV C & T
Section 6.1
Section 6.1 (cont)
APA
HIP

**(CADR #61) Were services available through your Early Intervention Services (EIS) program provided at more than one site during this reporting period?**

☒ Yes
☐ No

**(CADR #62) Number of sites at which EIS services were provided during this reporting period:**

**(CADR #64) How many unduplicated patients who are HIV positive were referred outside the EIS program for any health service that was not available within the EIS program during this reporting period?**
 0

**(CADR #63) Indicate which of the following primary care services were made available to your HIV positive clients during this reporting period.**

	Yes, within the EIS program	Yes, through referral	No
a. Ambulatory/outpatient medical care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dispensing of pharmaceuticals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gastroenterology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Mental health services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Neurology	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
g. Nutritional counseling	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
h. Obstetrics/gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Optometry/ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j. Oral health care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k. Rehabilitation services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
l. Substance abuse services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
m. Other services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
n. Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Figure 7.9 ADAP/APA CADR

**CARE Act Data Report**

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup | Section 1.2 | Section 1.2 (cont) | Sec. 4 HIV C & T | Section 6.1 | Section 6.1 (cont) | **APA** | HIP

**Funding received from CARE Act Sources:**

**Funding received from other sources:**

**Annual expenditures for services under the Flexibility Policy and total expenditures:**

Funding Source	Funding Received
Total Title I funds	\$0.00
EMA #1	\$0.00
EMA #2	\$0.00
EMA #3	\$0.00
EMA #4	\$0.00
EMA #5	\$0.00
EMA #6	\$0.00
EMA #7	\$0.00
EMA #8	\$0.00
EMA #9	\$0.00
EMA #10	\$0.00
Total Title II funds	\$0.00
Other CARE Act funding	\$0.00

Click the 'Go' Button to jump to each section of the APA.

Figure 7.10 Health Insurance Program (HIP)

**CARE Act Data Report**

To produce the CADR, fill out the form below completely and click the 'Create Report' button.

Setup | Section 1.2 | Section 1.2 (cont) | Sec. 4 HIV C & T | Section 6.1 | Section 6.1 (cont) | APA | **HIP**

**Annual funding for HIP by CARE Act funds:**

**Annual funding for HIP by other sources:**

**Total expenditures:**  
(Include Total Health Insurance Expenditures and any other administrative costs.)

Funding Source	Funding Received
Total Title I funds	\$0.00
EMA #1	\$0.00
EMA #2	\$0.00
EMA #3	\$0.00
EMA #4	\$0.00
EMA #5	\$0.00
EMA #6	\$0.00
EMA #7	\$0.00
EMA #8	\$0.00
EMA #9	\$0.00
EMA #10	\$0.00
Total Title II funds	\$0.00
Other CARE Act funding	\$0.00

Click the 'Go' Button to jump to each section of the HIP.

- Now you're almost there: Click the Create Report Button in the top right-hand corner of the screen to generate the CADR.
- If there are any clients included in the CADR who have missing information for any of the required demographic fields, the screen in Figure 7.11 will appear.
- In this example, 6 clients were identified with some missing data. Click "View Report" to see which clients have missing information. An example of this report appears in figure 7.12. This might be a good opportunity to fill in some of the holes in your data.
- Click Continue if you do not wish to view this data quality report now but want to view the CADR directly.

**Figure 7.11**

**CADR Summary**

**CADR Summary 2002**

Number of client records containing missing information used by the CADR: 6

[View Report](#)

[Continue](#) [Cancel](#)

**Figure 7.12 CADR Missing Data Report**

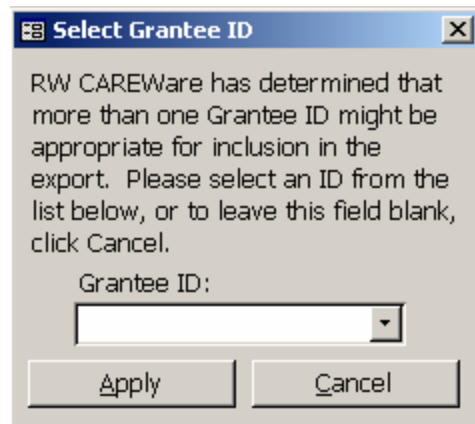
<b>Clients missing one or more CADR related field</b>								<b>2002</b>
Client Name	Ethnicity	Race	Poverty Level	Housing	Insurance	Vital Enrollment	Risk Factor	HIV Status
ALVAREZ, JOSE	Hispanic		66%			Active	MSM	HM-positive (got AIDS)
BARNETT, JOE L.	Non-Hispanic	White	0%			Active		
BAIRD, THOMAS	Non-Hispanic	White	0%			Active		
BARKER, ALLEN	Non-Hispanic	White	0%			Active		
CAMPBELL, JEFF	Non-Hispanic	White	0%					
ANDERSON, JAMES	Non-Hispanic	Black or African-American	93%			Active	IDU	HM-positive (AIDS status unknown)

- Fields included in this report are: Client's name, ethnicity, race, poverty level housing status, source of medical insurance, Vital/enrollment status, HIV risk factor, and HIV status.
- To print this report, press Ctrl + P on your keyboard.



- The screen in figure 7.13 will pop up if you are funded by more than one Grantee; click the down arrow and the grantee IDs that you entered in the setup wizard will be available; select the appropriate number. A similar screen will appear asking you to select the appropriate provider number for the report you are creating.
- **Important:** Selecting specific provider and Grantee ID here WILL NOT affect the values in the CADR.

**Figure 7.13**



Now, alas, the report will be generated and can be printed.

When the report is successfully created, an electronic version of the CADR will be written to the folder you designated earlier (Figure 7.3 above). **The name of the file is 'CADRYYY.mdb' where YY is the year.**

*With this electronic version of the CADR, there is no reason either for you or your grantee to key enter your CADR information into the HRSA web-based data entry system that will be online starting in 2003. The electronic file can be uploaded directly to the HRSA website. Check the technical assistance website for further details on reporting options (<http://hab.hrsa.gov/tools.htm>).*

#### **Important features:**

- **Date Ranges:** You can generate a report which covers the entire year or any date range. By selecting From and Through dates, only clients with service visits within that period will be included in the report.
- **Visit counts:** A client will be counted as having only one visit per day per main service category, *regardless of how many subservices or units of service are received in a day.* Of course, clients receiving separate services (e.g. medical care and case management) on the same day would be assigned one visit for each service. Units of service can be viewed in the Financial Report (see below).
- **Report Scope:** Aggregate reports can be designed to include all or only specific subsets of patients. These criteria are described above in the section on

database exports (page 25).

- **CADR Web data file:** Starting in 2003, CAREWare users will be able to send an electronic version of their CADR either to their grantee or directly to HRSA for automatic upload to a web-based data entry system. For these users, therefore, all key entry of this data will be unnecessary.
- For CAREWare-CADR upload instructions, go to the following website:

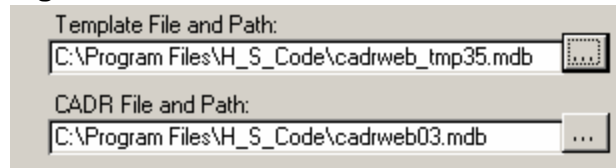
**<http://hab.hrsa.gov/tools.htm>**

To make this process easier, you can produce a small, CADR data file that contains no viewable report. This file is about half the size of the file that contains the viewable CADR ('cadrYY.mdb' where YY is the year);

Because this data-only file is small, it is easy to send as an email attachment or to upload to the HRSA website. The data only file will be named 'cadrwebYY.mdb' where YY is the year. For example, if you produce a 2002 CADR, the file will be name cadrweb02.mdb. By default, this file will be written to your c-drive in the 'Program files\H\_S\_code' folder. This file can be sent directly to your grantee (because it is aggregate data, there are no confidentiality concerns.)

- In figure 7.14 below, we have selected the 'cadrweb\_tmp35.mdb' template for the data only CADR file; after the report data are generated, a file named 'cadrweb03.mdb' will be created and written to the export file and path designated.

**Figure 7.14**



The image shows a dialog box with two text input fields. The first field is labeled 'Template File and Path:' and contains the text 'C:\Program Files\H\_S\_Code\cadrweb\_tmp35.mdb'. The second field is labeled 'CADR File and Path:' and contains the text 'C:\Program Files\H\_S\_Code\cadrweb03.mdb'. Both fields have a small icon to their right, likely for file selection.

## Custom Reports

Access the custom reports module by clicking 'Reports' in the Main Menu and then clicking 'Custom Reports.' The screen in Figure 7.2a will appear.

**Starting in Version 3.5, all modules in the CERF can be accessed in Custom Reports. These include Vital Signs, Medications, Labs, Screening Labs, Screenings, Diagnoses, and Immunizations.**

On this screen you can:

- Create a New or Modify an Existing Report.
- Indicate the Date Span within which you want to select client service records.
- **Important:** see below for details on how CAREWare uses date spans to select client records for each report type.

Figure 7.2a

The screenshot shows the 'Custom Reports' window. At the top, there's a title bar 'Custom Reports' and a 'Close' button. Below the title bar, the text 'Custom Reports:' is displayed in a large, stylized font. The main area is divided into two sections: 'New report' (selected with a radio button) and 'Existing report' (selected with a radio button). Under 'Existing report', there's a 'Show Type(s):' dropdown menu. Below this, there's a table with two columns: 'Report Name:' and 'Report Type:'. The table contains one row with 'poverty services' under 'Report Name:' and 'Demographic Service' under 'Report Type:'. To the right of the table, there's a 'Date Span:' section with 'From:' and 'Through:' fields. The 'From:' field contains '01/01/2002' and the 'Through:' field contains '06/30/2002'. Below the 'Date Span' section, there's a 'Year for Clinical Review Data:' dropdown menu with '2002' selected. A note below this dropdown states: 'Note: Only reviews for one calendar year can be selected. Blank will exclude all clinical review data.' Below the note, there are three checkboxes: 'New Clients Only' (unchecked), 'Show Specifications' (checked), and 'Sum Numeric Fields' (checked). At the bottom of the window, there are two buttons: 'Run' and 'Create/Modify'. Callouts provide additional information: 'Click here to Run the report.' points to the 'Run' button; 'Click here if you'd like to add up certain numeric fields.' points to the 'Sum Numeric Fields' checkbox; 'Click here to create a new or modify an existing report.' points to the 'Create/Modify' button; 'Select a date range to further focus your report. See below for details on how records are selected in different report types.' points to the 'Date Span' section; and 'Important: If the Date Span of the report covers more than one year, then you must indicate the specific year from which you want the Clinical Data to be selected.' points to the 'Year for Clinical Review Data:' dropdown menu.

Custom Reports

Custom Reports:

☐ New report

☒ Existing report

Show Type(s):

Report Name:	Report Type:
poverty services	Demographic Service

Date Span:

From: 01/01/2002

Through: 06/30/2002

Year for Clinical Review Data: 2002

Note: Only reviews for one calendar year can be selected. Blank will exclude all clinical review data.

☐ New Clients Only

☒ Show Specifications

☒ Sum Numeric Fields

Run

Create/Modify

Click here to Run the report.

Click here if you'd like to add up certain numeric fields.

Click here to create a new or modify an existing report.

Select a date range to further focus your report. See below for details on how records are selected in different report types.

**Important:** If the Date Span of the report covers more than one year, then you must indicate the specific year from which you want the Clinical Data to be selected.

After clicking 'Create/Modify,' the screen in Figure 7.2b will appear.

**Figure 7.2b**

The screenshot shows a 'Custom Report' dialog box with the following fields and controls:

- Report Specification:** A section header in red.
- Name:** A text field containing 'Demographics of Medical Care Client'.
- Report Type:** A dropdown menu set to 'Service'.
- Field Selection:** A dropdown menu set to 'Medservice', with 'Edit' and 'Add' buttons to its right.
- Filter:** A dropdown menu set to 'medcare', with 'Edit' and 'Add' buttons to its right.
- Sort:** A section with three rows: '1st: Gender', '2nd: Name', and '3rd:'. Each row has a dropdown menu and a set of 'A-Z' and 'Z-A' sort buttons.
- Buttons:** 'Apply' and 'Cancel' buttons at the bottom.

A callout box on the right side of the dialog box contains the following text:

Click **Edit** to alter or view a previous Field selection criteria.

Click **Add** to create a new one.

***This is a critical screen where you indicate the following features of the report:***

### **Report Type**

---

**NOTE:** The client's demographic and clinical review information is accessible in all report types.

**Demographic:** A demographic report is for printing one record per client, say a list of female clients served in your clinic or agency.

**Service:** A service report is for viewing the number and type of service visits for selected clients. For example, you might want a list of all primary medical care visits within a specified time period.

**Sexually Transmitted Infections (STI):** As its name indicates, selecting STI will allow you to create a report indicating which patients have received tests for specific STIs.

**Pregnancy History:** Selecting this option enables you to analyze all the fields available in the pregnancy history module, in particular whether or not HIV-positive mothers received counseling and treatment to reduce vertical transmission of HIV.

**HIV Counseling & Testing:** All the variables in the C & T module are accessible if this report type is selected.

**Custom Subform:** If you renamed this tab, you will see your customized name listed. All fields in this tab can be used.

**Clinical Encounter and Referral Form (CERF) Modules:** Vital Signs, Labs, Medications, Screening Labs, Screenings, Diagnoses, Immunizations

**Figure 7.2c**

**Custom Format**

**Custom Selection:**

Format Name:       ☐ Use Totals ?

Type:       Delete      Close

Column 1:	Column 2:	Column 3:	Column 4:	Column 5:	Column 6:
<input type="text" value="Race/Ethnicity"/>	<input type="text" value="Gender"/>	<input type="text" value="Srv Category"/>	<input type="text" value="Srv Qty"/>	<input type="text" value="Srv Price"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Column 7:	Column 8:	Column 9:	Column 10:	Column 11:	Column 12:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Field Selection

Once you've selected the Report Type, now you must select the variables that will appear in each column of the report.

**IMPORTANT:** See Appendix A for a full list of all the variables and their labels that are available in these reports and in the Crosstab Wizard.

**If this is the first field selection you are creating for a report, you must first click the Add button to the right of the box!** Now you can name your new field selection. For example, say you want to generate a list of clients with their quarterly CD4 counts. In this report you want the client's name, Unique Record Number or URN, race/ethnicity, HIV risk group, and their quarterly CD4 counts. You could name this field selection 'CD4 Counts.' Once named and created, the selection criteria called 'CD4 Counts' is stored and can be readily recalled for future report generation: It will appear in the list the next time you click the down arrow next to Field Selection (Figure 7.2b).

Now say you want to create a similar report but add viral loads and information on development of opportunistic infections. You could create a second field selection with these additional fields and give it another name, say 'Viral Loads.' Creating and naming this new selection criteria will also store it for future use.

**To edit an existing field selection or selection criteria, click the Edit button to the right of the box.**

A new screen will appear asking you to name your new Field Selection. Click Apply when done. Now you're ready to establish the new fields for your report.

Click the 'Use Totals' in the top of the Custom field selection screen to activate the Group By, Sum, and Count functions. If this option is selected, then one of these three functions must be applied to each field.

**Fig 7.2d**

Click the Use Totals box to activate the Group by, sum, and count functions

**Custom Selection:**

Format Name:

Type:

☒ Use Totals ?

Delete

Close

Column 1:	Column 2:	Column 3:	Column 4:	Column 5:	Column 6:
<input type="text" value="Race/Ethnicity"/>	<input type="text" value="Gender"/>	<input type="text" value="Srv Category"/>	<input type="text" value="Srv Qty"/>	<input type="text" value="Srv Price"/>	<input type="text"/>
<input type="text" value="Group By"/>	<input type="text" value="Group By"/>	<input type="text" value="Count"/>	<input type="text" value="Sum"/>	<input type="text" value="Sum"/>	<input type="text"/>
Column 7:	Column 8:	Column 9:	Column 10:	Column 11:	Column 12:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Group By:** Use this function to combine multiple records with the same Group By value into a single record. For example, in Figure 7.2d, we have elected to Group By Race/Ethnicity and Gender; this will result in one line for each value of race/ethnicity and gender. Note as well in the bottom row that we have Counted the instances of the field 'Srv Category,' which in this case is equal only to Ambulatory/Outpatient Care'; and we have Summed Srv Qty (service units) and Srv Price (total cost of this service).

## Demographis of Medical Care Clients

**Select:** Group By(Race/Ethnicity), Group By(Gender), Count(Srv Category), Sum(Srv Qty), Sum(Srv Price)  
**Sort:** Race/Ethnicity  
**Where:** sar\_tp\_label = 'Ambulatory/Outpatient Medical Care'  
**Misc:** From: 01/01/02; Through: 12/31/02; Cln Review: 2002

Race/Ethnicity	Gender	Srv Category	Srv Qty	Srv Price
Hispanic	Female	1	1	\$100.00
Hispanic	Male	1	1	\$100.00
More than one race	Female	3	3	\$250.00
Not Specified	Male	1	1	\$100.00
White (non-Hispanic)	Female	2	2	\$200.00
White (non-Hispanic)	Male	7	16	\$700.00
		<b>15</b>	<b>24</b>	<b>\$1,450.00</b>

**Number of Records: 6**

## Filters

You may also wish to apply certain selection criteria or filters to your report. For example, you may want to list only female clients, or Hispanics, or clients with a first quarter viral load greater than 1000 copies, or CD4 counts less than 500 and not on HAART. These specific criteria can be established and named here. As above, if these are a new selection criteria, you must click the 3-dot ellipsis to the right of the Selection Criteria box to create and name it for later recall. Follow the directions above for Field Selection in order to create and name additional Selection Criteria.

The screen in **Figure 7.2d** will appear when you click the 3-dot ellipsis to the right of the Selection Criteria Box. In the example here, we have created a “where” or selection clause that will create a report including only females with a first quarter CD4 lymphocyte count less than or equal to 200 cells. We’ve simply named this selection criteria ‘Females,’ though we might have made it more descriptive by labeling it ‘Females with CD4<200’.

Important: By creating and naming different selection criteria, you can readily access these for future reports.

**Figure 7.2e**

Note: Only two selection criteria can be established. However, for more advanced users, the SQL (structured query language) code at the bottom of the screen can be edited to expand these criteria. Contact the helpline for further information on this feature.

**Is Null and Is Not Null:** These are technical terms indicating if a value is missing or not missing. For instance, in the above example, we might have clicked the ‘Is Null’ box for quarter one CD4. This would have selected for our report clients who had *missing* CD4

values for quarter one. This feature could be very helpful to generate reports listing clients that have *not* received important services.

### **Important Note on SQL Statements for advanced *RW*CAREWare Users**

---

1. The pre-version 3.1 custom report ran off of a massive query that always included all tables that the report could need. For example, the referential table for gender (srv\_gender\_rft) was always joined to the client table (srv\_patient), even when the gender field was not used in the report. Now referential tables are joined only if fields from those tables are included as columns in the report or as criteria in the Where Clause. This new system is more efficient, but it does present a drawback: users who write Where Clause SQL directly can no longer refer to fields in referential tables unless those tables have already been joined.

Instead, users can refer to the fields on which the referential tables are joined and specify the referential codes instead of the descriptive text. For example, if a user wanted to create a custom report that only shows female clients but does not want to include gender as a column on the report, the user would have no problem if he or she used gender in one of the criteria boxes. However, if the user wanted to type this SQL in directly, he or she would need to specify ptn\_gender\_gnd\_rfk = '2' instead of Gender = 'Female'.



## Sort Criteria

---

Now you can choose up to 3 fields in your report to sort by. For example, you could sort by gender and race/ethnicity, or by service type and date of service.

## Selecting a Date Range for Custom Reports

Date range selections work differently for each report type. As follows:

Report Type	How/Which Records are Selected by Date Span
1. Demographic	A client's last service date must be after (or the same as) the "From Date" and First Service must before (or the same as) the "Through Date."
2. Service	Any service record is included that falls within the Date Span selected.
3. STI	Any client record that has an <b>STI test/exam date</b> within the Date Span selected.
4. Pregnancy History	Any female client with an <b>Estimated Date of Conception</b> that falls within the Date Span selected.
5. HIV Counseling & Testing	Any client with an <b>HIV Test Date</b> within the Date Span selected.
6. CERF Modules (New in Version 3.5)	Vital Signs: Data from any clinical encounter within the data span selected Medications: Any drugs prescribed where <b>Start and Stop Dates</b> overlap date range selected. Labs/Screenings labs, screenings: Any <b>test date</b> within the date the range selected Diagnoses/Immunizations: Any <b>diagnosis/immunization date</b> within date span selected
7. Custom Subform	Records are selected based on the main date field in the custom subform (this is the first field).

Don't Forget: All reports in CAREWare can be printed by pressing Ctrl + P on your keyboard.

## Financial Report

The financial report is a very useful, quick to run report if you want a count of the number of clients (and units) who received each service or subservice within any time period. Financial information will of course be accurate only if your agency maintains cost information on a client by client basis for each service visit.

### Creating a Financial Report

Figure 7.3

Funding Source*	RW?
Unspecified	No
RW Title I	Yes
RW Title II	Yes
RW Title III	Yes
RW Title IV	Yes

\* No selection = all funding sources

☒ Include Subservice Detail

☒ Include Provider Information

Preview Report

- Select a date span in which client service visits will be selected
- You may select with your mouse a specific **funding source** or sources for which you would like to generate a financial report OR simply include all funding sources by not highlighting any specific one.
- If you created subservices for a main CARE Act eligible service (see page 8 ff.) and would like to see a financial breakdown of service costs for each, click the box labeled “Include Subservice Detail.”
- Click “Include Provider Information” if you would like your agency’s name to appear at the top of the report. See an example report on next page.

# Financial Report

Includes services with dates between: Jan 1, 2003 and Oct 30, 2003

Funding sources include: All

## Provider Information:

Name: Mildmay Centre Phone: (313) 222-4455  
Address: Kampala Rd  
Kampala, Hawaii 48000

<b>Ambulatory/Outpatient Medical Care</b>	Clients:	Units:	Total:	Amount Received:	Not Received:
Medical Care	16	20	\$2,000.00	\$82.00	\$1,918.00
Flu vaccine	4	4	\$200.00	\$0.00	\$200.00
Applying tea leaves	1	0	\$0.00	\$0.00	\$0.00
<b>Ambulatory/Outpatient Medical Care Total:</b>	<b>19</b>	<b>24</b>	<b>\$2,200.00</b>	<b>\$82.00</b>	<b>\$2,118.00</b>
<b>Mental Health Services</b>	Clients:	Units:	Total:	Amount Received:	Not Received:
Group Therapy	4	4	\$200.00	\$0.00	\$200.00
<b>Mental Health Services Total:</b>	<b>4</b>	<b>4</b>	<b>\$200.00</b>	<b>\$0.00</b>	<b>\$200.00</b>
<b>Face-to-face Case Management</b>	Clients:	Units:	Total:	Amount Received:	Not Received:
Face-to-face Case Mgt	2	2	\$57.68	\$12.45	\$45.23
Assessment	2	2	\$125.00	\$0.00	\$125.00
RN Reassessment: Face-to-face	3	3	\$180.00	\$0.00	\$180.00
<b>Face-to-face Case Management Total:</b>	<b>7</b>	<b>7</b>	<b>\$362.68</b>	<b>\$12.45</b>	<b>\$350.23</b>
<b>Transportation Services</b>	Clients:	Units:	Total:	Amount Received:	Not Received:
Cab	1	1	\$10.00	\$0.00	\$10.00
<b>Transportation Services Total:</b>	<b>1</b>	<b>1</b>	<b>\$10.00</b>	<b>\$0.00</b>	<b>\$10.00</b>
<b>Report Total:</b>	<b>22</b>	<b>36</b>	<b>\$2,772.68</b>	<b>\$94.45</b>	<b>\$2,678.23</b>

Same Report without Subservices selected:

# Financial Report

Includes services with dates between: Jan 1, 2003 and Oct 30, 2003

Funding sources include: All

## Provider Information:

Name: Mildmay Centre Phone: (313) 222-4455  
Address: Kampala Rd  
Kampala, Hawaii 48000

<b>Service:</b>	Clients:	Units:	Total:	Amt Rec'd:	Not Rec'd:
Ambulatory/Outpatient Medical Care	19	24	\$2,200.00	\$82.00	\$2,118.00
Mental Health Services	4	4	\$200.00	\$0.00	\$200.00
Face-to-face Case Management	7	7	\$362.68	\$12.45	\$350.23
Transportation Services	1	1	\$10.00	\$0.00	\$10.00
<b>Report Total</b>	<b>22</b>	<b>36</b>	<b>\$2,772.68</b>	<b>\$94.45</b>	<b>\$2,678.23</b>

## IHI Key Measures Report:

The IHI Report is produced automatically from the Reports page. This is an example only; your data will look quite different!

IHI Key Measures				
Mildmay Centre: 11/24/2003				
Category	Measure	Percent	n	d
<b>CD4 Results:</b>  Active clients in the POF whose latest CD4 count in the last 6 months was > 350.	Antiretroviral naive clients.	1.1	2	186
	Antiretroviral experienced clients.	30.0	3	10
	No CD4 count recorded in the last six months.	98.5	193	196
	All active clients in the POF.	1.0	2	196
<b>Viral Load Results:</b>  Active clients in the POF whose latest viral load test in the last 3 months was < 10,000 copies.	Antiretroviral naive clients.	0.0	0	186
	Antiretroviral experienced clients.	20.0	2	10
	No viral load recorded in the last three months.	100.0	196	196
	All active clients in the POF.	0.0	0	196
<b>Enrollment Status:</b>  Percent of clients in the POF with or without symptoms at enrollment by AIDS status.	HIV + Not AIDS, asymptomatic.	0.5	1	196
	HIV + Not AIDS, symptomatic.	0.5	1	196
	AIDS, asymptomatic.	0.0	0	196
	AIDS, symptomatic.	0.0	0	196
	No initial status entered.	99.0	194	196
<b>Retention in Primary Care:</b>	Active POF clients who have had a primary care visit in the last three months.	1.5	3	196
<b>Case Management:</b>	Active POF clients whose service plans are up to date.	0.0	0	196
<b>Self Management:</b>	Active POF clients whose self-management goals have been set in the last six months.	0.0	0	196

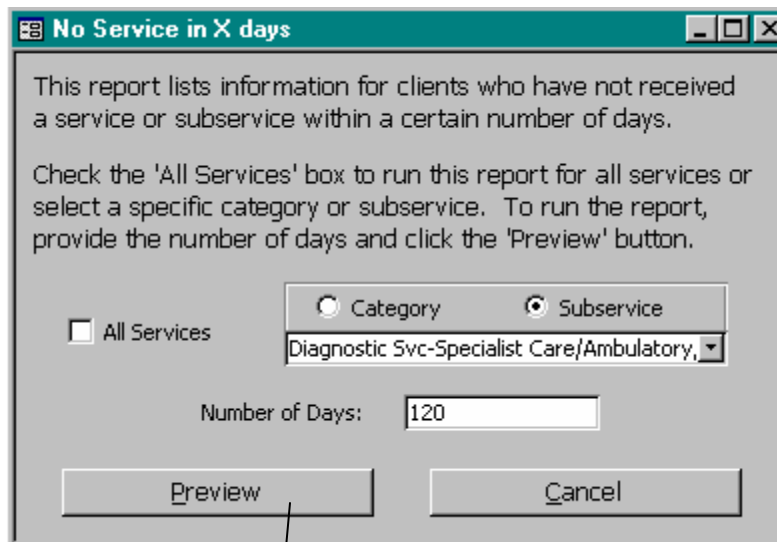
## No Service in X Days

---

This report will list clients who have not had a specific service in a designated number of days.

- Click the box label “All Services” if you want to list clients who have not had a service visit for **any** service since the number of days you designate.
- To restrict the list to a specific service category or subservice, click the appropriate button.
- Enter the number of days
- Click Preview on the bottom left to view and print.

**Figure 7.4**



Don't forget to click Preview to see the report.

## Relations

New in version 3.5. This report prints a list of Index clients and their relations.

For example:

### Relations

Index Client					Related Client			
URN:	Name:	Gender:	DOB:	Relation:	URN:	Name:	Gender:	DOB:
JSAA12054	ADAMS, JOSEPH	Male	12/5/1945	Brother/Sister	SEBX0102	BUXTON, STEVE	Male	1/2/1946
JMAD0220	Anderson, James k.	Male	2/20/1962	Grandparent	GRGR0526	GARCIA, GERAR	Male	5/26/1999
CTDE0906	Doe, CATHERINE	Female	9/6/1967	Spouse/Partner	JS AV01157	ALVAREZ, JOSE	Male	1/15/1971
CTDE0906	Doe, CATHERINE	Female	9/6/1967	Cousin	LCGA0621	GRAY, LUCILLE	Female	6/21/1951
DVDN1209	DANIELS, DAVID	Male	12/9/1943	Child	DNGU0626	GRUNGE, DONA	Male	6/26/1958

## Mailing Labels

Click Mailing Labels in the Report menu to generate a mailing list for clients. The screen in Figure 7.4a appears; a variety of selection options are available.

- Labels should be printed on Avery 5160 label sheets.
- A check box appears on the client's demographic screen indicating whether or not they would like their name on the mailing list.

**Figure 7.4a.**

**Mailing Labels**

Select a filter type for generating mailing labels. These labels are formatted to fit Avery 5160 label sheets.

☒ All clients in current database

☐ All clients whose vital status is 'Active'

☐ All clients whose vital sign is not 'Service Completed/Case Closed' or 'Deceased'

☐ All clients who have services between:  and

☒ Only include clients with valid addresses

## Crosstab Wizard

---

The Crosstab Wizard allows agencies to rapidly create a large variety of reports and analyses using their client level and demographic data. Here are some examples:

- A simple report that shows the number and percentage of clients who fall into each age group.
- A two-way report that shows the number of clients who fall into each age group for each race/ethnicity.
- A three-dimensional report would make several two-way reports—one for each strata value. For example, if gender were chosen as the strata variable (see Figure 7.4), two reports would be created. One would show the number of male clients who fall into each age group for each race/ethnicity, and the second report would show the same data for female clients.

The Crosstab Wizard screen in Figure 7.5 is accessed from the Reports Menu.

**Figure 7.5**

**Crosstab Wizard:**

Select the data source:  
SAAR Client Demograph

Date Range:  
Begin Date:   
End Date:

Reporting Year:  
2000

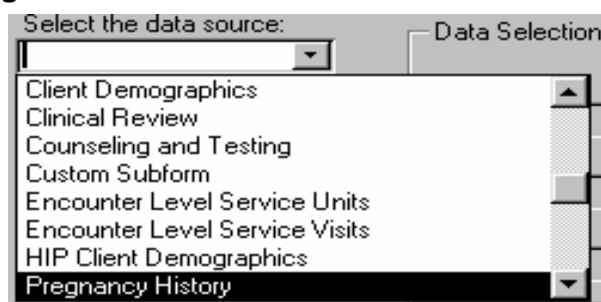
Data Selection:  
Row: Age Group  
Column: Race/Ethnicity  
Strata: Gender

Finish

**Don't Forget:** All reports in CAREWare can be printed by pressing Ctrl + P on your keyboard.

To create a crosstab report, first choose a data source.

Figure 7.6



- **Client Demographics:** Selects clients who have received at least one service within the indicated date span or selected year. Allows access to all basic demographic data.
  - **Clinical Review:** Selects all clinical review records for the selected year. Demographic fields are also available in this data source, but only for clients who have clinical review records for the selected year. Specific date ranges may not be selected for this data source.
  - **Custom Subform:** Selects all fields that were created by the grantee or provider. See page 37 for information on the custom subform.
  - **Encounter Level Service Units:** Selects fields from the encounter service level fields. Data here will be based on the count of the number of *units* of service.
  - **Encounter Level Service Visits:** Selects additional fields from the encounter service level fields. Data here will be based on the count of the number of service *visits*.
  - **Pregnancy History:** Selects all variables from the pregnancy history module in the clinical review
  - **STI:** All variables from the Sexually transmitted infections/Hepatitis module (you may need to scroll down to select this)
  - Variables from the ADAP and HIP databases are also available, but are not covered here.
1. Enter a date span or reporting year.
  2. Choose the fields.
    - Values for the 'Row' field will line up vertically down the left side of the report.
    - Values for the 'Column' field will appear horizontally across the top.
    - For each 'Strata' value found within the date span or selected year, a separate chart is created.
  3. Finally, click the 'Finish' button and the wizard will begin processing data. If many records fall within the date span or selected year, it may take longer for the wizard to process the data.
  4. Press Ctrl + P to print the report.



**IMPORTANT:** See Appendix A for a full list of all the variables and their labels that are available in these reports and in the Crosstab Wizard.

### Creating Custom Age Groups (Crosstab Wizard)

Three age group categories are available in the Crosstab Wizard:

Group 1: <13 years, 13-19, 20-44, 45-64, 65 years and older

Group 2: <2 years, 2-12, 13-24, 25-44, 45-64, 65 and older

Group 3: Customize your own:

To create your own age groups for analysis in the Crosstab Wizard, go to Administrative Options and click button labeled 'Custom Crosstab Age Group.' The screen in Figure 7.7 (without values) will appear.

**Figure 7.7**

To create a new age grouping, delete the appropriate rows or simply type over your previous entry. To delete, highlight the arrow that will appear in the row you select. Then hit the delete key on your keyboard.

	Minimum:	Maximum:
	0	4
	5	9
	10	19
	20	44
	45	64
	65	99
*		

Tips for creating age groups:

- Make the Age Categories mutually exclusive, that is, they should not overlap. For example, if the youngest age group is 0-4 years, the next group should begin with 5. If age categories do overlap, the client will be classified in the first group (e.g. if your age groups were 0-4, 4-9, etc., a client who is 4 years old would go in the 0-4 group).
- Make the Age Categories exhaustive so all clients are classified.

## Refresh

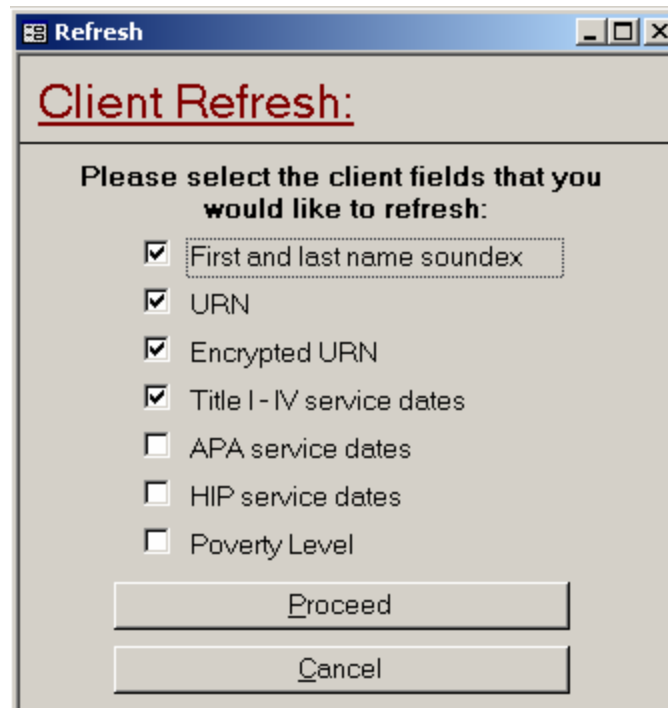
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Click the 'Refresh' tab in the administrative options menu to perform some housecleaning on specific fields in the database. The screen in Figure 8 will appear. This feature was added in part to help users who imported client data from another system; client refresh ensures that patient identifiers necessary for CAREWare are created and stored properly.

**New in version 3.5:** Click on Poverty Level on the bottom of the list and CAREWare will calculate for each year back to 2000 any Poverty Levels for clients that have non-missing values for both household size and annual household income.

Click on the specific items you would like to 'refresh.'

**Figure 8.**



## Appendix A: Field Labels in Custom Reports and Crosstab Wizard

### 1. Demographic and Clinical Review Fields Available in ALL Report Types

Field Label	Description
1st APA Serv.	Date first adap service
1 <sup>st</sup> HIP Serv.	Date first HIP service
1 <sup>st</sup> Service	Date of first CARE Act Service
A. Ind.	Race=American Indian
Address	Client Address
APA Closed Date	Data APA service closed
APA Date of Death	APA date of death
APA Enrl. Date	Apa enrollment date
APA Vital Status	APA vital status
ART	Antiretrovirals prescribed this year?
ART Date	Date antiretrovirals prescribed
ART Type	Antiretroviral therapy type (HAART, none, etc.)
Asian	Race=Asian
Black	Race=Black or African-American
C1_LABEL	cst_fl_1_label
C10_LABEL	Custom data tab: Custom date 3
C1A_LABEL	Annual custom field 1
C1Q_LABEL	Quarterly custom text fields
C2_LABEL	cst_fl_2_label
C2A_LABEL	Annual custom field 2
C2Q_LABEL	Clinical Review quarterly custom text
C3_LABEL	cst_fl_3_label
C4_LABEL	cst_fl_4_label
C5_LABEL	ptn_custom_5
C6_LABEL	ptn_custom_6
C7_LABEL	ptn_custom_7
C8_LABEL	Custom data tab: Custom date 1
C9_LABEL	Custom data tab: Custom date 2
Cervca	Cervical cancer diagnosed?
Cervca Date	Date cervical cancer diagnosed
City	City of residence
Client ID	Client ID
Closed Date	Date case closed
Cmpl.	(completed field checked for year end export?)
CMV	CMV Diagnosed?
CMV Date	Date CMV diagnosis
Country	Country of residence (international version)
County	County of residence
D.O.B.	Client date of birth

Field Label	Description
Date of Death	Date of death
District	District of residence (int. version)
Education Lvl	Education level (int. version)
EIS Exp Ref	Referred for experimental therapy?
EIS Outside Ref	Referred outside of Title 3 for services?
Enrl. Date	Enrollment date
eURN	Encrypted URN
Gender	Gender
Geno/Pheno	Genotype/phenotype resistance testing?
Hemo	HIV Risk=Hemophilia
Hetero	HIV Risk=Heterosexual
HH Income	Annual household income
HH Size	Household size
HIP Closed Date	HIP date case closed
HIP Date of Death	HIP date of death
HIP Enrl. Date	HIP enrollment date
HIP Vital Status	HIP vital status
Hisp.	Hispanic ethnicity
HIV Risk Factor	HIV risk group
HIV Status	HIV status
Housing Arr	Housing arrangement
IDU	HIV risk = Intravenous drug use
Initial HIV status	HIV Status at enrollment in clinic/provider agency
Ins. Type	Type of Health insurance
Intl County	(County-international version)
Languages	Languages spoken (international version)
Last APA Serv.	Last adap service
Last HIP Serv.	Last HIP service
Last Service	Date last/latest CARE Act service
MAC	MAC Diagnosed?
MAC Date	Date of MAC diagnosis
Mail	Include client on mailing list?
Med Allergy	Medication allergy
Memo	Memo notes field
MSM	HIV risk=Male sex with male
Name	Client last name, first name
OthDgn Date	Date Other OI diagnosis
Other	Race=Other
Other Diag.	Other OI diagnosis?
Other Diag. Desc.	Other diagnosis description
OthRisk	HIV risk=Other
OthRisk Desc.	Other HIV risk description
Pacific	Race=Pacific Islander

Field Label	Description
Pap Date	Date of Pap smear
Pap/Pelvic Exam	Pelvic exam and Pap smear performed?
PCP	PCP diagnosed?
PCP Date	Date PCP diagnosed
PCP Pr Dt	Date of PCP prophylaxis
PCP Proph.	PCP prophylaxis administered?
Peri	HIV risk=perinatal transmission
Phone	Client's phone number
Phys. Name	Physician name (ADAP tab)
PK	(Patient primary key in database)
POF	Population of focus (IHI setup field)
PovertyLev	Poverty Level
PovLevDec	Poverty Level decimal form
Prm. Medical Care	Source of primary medical care
Pvac	Pneumovax administered?
Pvac Date	Date of pneumovax?
Q1 ART-Q4 ART	Quarterly list of antiretroviral medications
Q1 CD4-Q4 CD4	Quarterly CD4 counts
Q1-Q4 CD4 Date	Dates of quarterly CD4 counts
Q1 Mnt hlth-Q4 Mnt Hlth	Quarterly mental health status
Q1 Mnt Hlth Trt-Q4 Mnt Hlth Trt	Quarterly mental health treatment
Q1 Sbst Abuse Trt-Q4 Sbst Abuse Trt	Quarterly substance abuse treatment
Q1 Subst Abuse-Q4 Subst Abuse	Quarterly substance abuse status
Q1 VL-Q4 VL	Quarterly viral loads
Q1 VL Date- Q4 VL Date	Dates of quarterly viral load tests
Race/Ethnicity	Race/ethnicity recode
Self-Mgmt Date	IHI Self management date (demographic tab)
Srv plan date	IHI service plan date
State	State of residence
Subcounty*	Subcounty (international version)
TB	TB diagnosed?
TB Date	Date of TB diagnosis
TB Sk Dt	Date of TB skin test
TB Skin Test	TB skin test administered?
TB Treatment	TB treatment
TB Trt Dt	Date of TB treatment
TOXO	Toxoplasmosis diagnosis
Toxo Dt	Date of Toxoplasmosis diagnosis
Trans	HIV infection risk=transfusion
Unk.	Race unknown
UnkRisk	HIV infection risk unknown
URN	Calculated Unique Record Number
Village	Village of residence (international version)

Field Label	Description
Vital Status	Client's vital status
Vital StatusByDate	Vital status at time of report
White	Race= White
Zip	Zip code of residence

## 2. Service Report

Field Label	Description
Amt Recd	Amount received
Cst Number	Custom number (custom service row)
Custom List 6	Custom List 6 (custom service row)
Custom List 7	Custom List 7 (custom service row)
Custom Text	Custom text (custom service row)
Default Prc	Default price
Default Qty	Default quantity or units of Service
RW	CARE Act funds used to pay for service (yes/no)?
Source	Source of funding
Srv Category	Main service Category
Srv Comment	Service comment
Srv Date	Service date
Srv Local Use	Service local use (custom service row)
Srv Name	Subservice name
Srv Price	Service price
Srv Qty	Service quantity/units
Srv Total	Total cost
Srv Year	Year of service

## 3. Sexually Transmitted Infections (STI)/Hepatitis

Field Label	Description
LabVal	STI laboratory test value
STI Date	STI test date
STI Diagnosis	STI Diagnosis (definitive, presumptive, etc)
STI Trtmnt	STI treatment
STI/Condition	STI Condition/infection

#### 4. Pregnancy History

Field Label	Description
ConceptDt	Conception date
DeliveryDt	Delivery date
PnART Dt	Date ART taken to prevent maternal transmission
PnCareDt	Date prenatal care begun
PnCounsel	Counseled to take ART to prevent transmission?
PnOffer ART	ART offered to prevent maternal transmission?
PnTake ART	ART taken to prevent maternal transmission?
PnVisits	No. prenatal visits
PrgOutcome	Pregnancy outcome

#### 5. HIV Counseling and Testing

Field Label	Description
HIV Result	HIV Test Result
HIV Tested	Was client tested for HIV antibodies?
Notified	Was partner notified?
PN Offered	Was partner notification offered?
Post Cnsl	Client post-test counseled?
Pre Cnsl	Client pre-test counseled?
PreC Dt	Pre-test counsel date
PstC Dt	Post test counsel date
Reason No Cnsl	Reason no post-test counseling (text)
Test Dt	HIV test date

#### 6. Custom Subform

Field Label	Description
Currency 1	Custom currency field 1
LBL_CURRENCY_2	Custom currency field 1
LBL_DATE_1	Custom date_1
LBL_DATE_2	Custom date_2
LBL_LIST	Custom label list
LBL_NUMBER_1	Custom number_1
LBL_NUMBER_2	Custom number_2
LBL_TEXT_1	Custom text_1
LBL_TEXT_2	Custom text_2

## 7. CERF: Labs

Field Label	Description
Lab =?	Test operator (=, =<, >=)
Lab Date	Lab test date
Lab Result	Lab quantitative result
Lab Test	Lab test name

## 8. CERF: Screening Labs

Field Label	Description
ScrLab Date	Screening lab test date
ScrLab Result	Screening lab test result
ScrLab Test	Scr. Lab test name
ScrLab Titer	Test titer
ScrLab Treatment	Screening lab treatment

## 9. CERF: Screenings

Field Label	Description
Screening Action	Screening action
Screening Date	Date of screening test
Screening Result	Qualitative test result (Pos, Neg, unknown)
Screening Test	Screening test name

## 10. CERF: Vital Signs

Field Label	Description
BMI	Body Mass Index (kg/m <sup>2</sup> )
BP(sys/dia)	Systolic/diastolic blood pressure
Diastolic	Diastolic BP
ER Visits	Any HIV-related ER visits since last visit?
Height(cm)	Height (cm)
Height(in)	Height in inches
Hosp/ER Reason	HIV-related Hospitalization since last encounter
HospDays	No. days in hospital for HIV-related problems
HospVisits	No. HIV-related hospital visits since last enctr.
Pulse(bpm)	Pulse (bpm)
Systolic	Systolic BP
Temp(°c)	Temperature(°c)
Temp(°f)	Temperature(°f)
Vitals Date	Date vital signs taken=Date of clinical encounter
Weight(kg)	Body weight (kg)
Weight(lbs)	Body weight (lbs)



**11. CERF: Medications**

Field Label	Description
Dose	Total dose (frequency x strength) in mg.
Frequency	Medication frequency (e.g. qd, bid, tid)
Indication	Indication (ART, OI prevention/treatment, Other)
Medication	Medication name
Reason	Reason drugged stopped/changed
Start Date	Medication start date
Stop Date	Medication end date
Strength	Medication strength (in mg.)

**12. CERF: Immunizations**

Field Label	Description
Immunity	Immunity?
Updated	Vaccine updated?
Vaccine	Vaccine Name
VacDate	Date vaccine administered

**13. CERF: Diagnoses (ICD9 codes)**

Field Label	Description
Condition	Medical condition diagnosed
Diag. Comment	Comment field
Diag. Date	Date of diagnosis
Diagnosis	Diagnosis (definitive, presumptive)

## Appendix B: Antiretroviral Medication codes

Source: <http://aidsmeds.com> (accessed Nov. 2003)

Brand Name (generic)	Abbreviation	CAREWare Drug code	Standard Daily Adult Dosing
<b>Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)</b>			
Combivir (lamivudine/zidovudine)	AZT+3TC	H00809	300 mg AZT, 150 mg 3TC bid
Emtriva (emtricitabine)	FTC	H01563	200 mg qd
Epivir (3TC, lamivudine)	3TC	H00808	300 mg qd or 150 mg bid 10mg/L oral solution available
HIVID (ddC, dideoxycytidine, zalcitabine)	ddC	H01545	0.75 mg tid
Retrovir (AZT, ZDV, zidovudine)	AZT	H01548	1 x 300 mg bid
Trizivir (Abacavir/3TC/AZT)	TRZ	H01549	(300 mg AZT, 150 mg 3TC, 300 mg abacavir) bid
Videx (ddl, didanosine, dideoxyinosine) (Also Videx EC delayed release capsules)	ddl	H00464	>60 kg: 2 x 100 mg bid (4 total) or 200mg bid. < 60kg, 125 mg bid
Viread (Tenofovir DF)	TDF	H01395	300 mg qd
Zerit (d4T, stavudine)	d4T	H01359	>60 kg: 40 mg bid <60 kg: 30 mg bid
Ziagen (abacavir)	ABC	H00001	300 mg bid

<b>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>			
Rescriptor (delavirdine)	DLV	H00422	2 x 200 mg tid (6 pills)
Sustiva (efavirenz)	EFV	H00521	600 mg qd
Viramune (nevirapine)	NVP	H01019	200 mg qd for 14 days then 200 mg bid

<b>Protease Inhibitors (PIs)</b>			
Agenerase (amprenavir)	AMP	H00080	8 x 150 mg bid (16 pills)
Crixivan (indinavir)	IDV	H00741	2 x 400 mg tid (6 pills)
Fortovase (Invirase, saquinavir)	SQV	H01292	8 x 200 mg bid (16 pills) or 6x 200 tid (18 pills)
Kaletra (ritonavir, lopinavir)	KLT	H00851	3 x (133.3 mg lopinavir + 33.3 mg ritonavir ) bid (6 pills)
Lexiva (Fosamprenavir)	FPV	H01564	2 x 700 mg bid (4 pills) or 700 mg bid plus 2 x 100 mg Norvir bid (total of 4 pills/day)
Norvir (ritonavir)	RTV	H01277	6 x 100 mg bid (12 pills)
Reyataz (atazanavir)	ATA	H01562	2 x 200 mg qd
Viracept (nelfinavir)	NFV	H01013	2 x 625 mg bid (4 pills)

Entry/Fusion Inhibitors			
Fuzeon (enfuvirtide)	ENF	H01561	(2 x 90 mg) subcut. injections

## Appendix C-Unique Record Number (URN)

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The Unique Record Number (URN) is a unique code assigned to each client based on portions of the individual's first and last name, date of birth, and gender. The URN is used to distinguish one client from all others and is essential for merging and unduplicating client records across providers.

The URN is created from the following:

- First and third letters of the first name
- First and third letters of the last name
- Two-digit Month, Day, and Year of birth
- Code for Gender (1=Male; 2=Female; 3=Transgender; 9=Unknown)
- If a field is missing, or say the first or last name is only two letters long, then the number 9 is inserted for that field

The letter and numbers above form the 11 digit un-encrypted unique record number. For example, the URN for a client named Jane M. Doe, female, born on March 15, 1965 would be: JNDE0315652.

After this number is created, it is encrypted, or scrambled, using a complex algorithm. The resulting nine-digit code does not resemble the original information in any way. It is virtually IMPOSSIBLE to retrace the information in the URN or retrace any personal information about the clients. Decoding a URN is not feasible; too much of the original information is removed during the encryption process to be able to work backwards to the original 11-digit information.

For the client level demonstration sites (who have special data reporting requirements), only the encrypted URN is submitted to HRSA. As a further safeguard, HRSA strips each record of the encrypted URN and replaces it with a sequential number that is used to uniquely identify each client. NO identifying information is sent to the Health Resources and Services Administration (HRSA).